2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000042997 1. Entity Name MLD, LLC							E11 ED 05 APR 19 AM 10: 44				
Principal Plac 128 SUGAR TALLAHASSE	PLUM RIVE	- Drive	Mailing Address Drive 128 SUGAR PLUM-RIVE TALLAHASSEE, FL 32312				ot TAI	LAHASSE	UI JIA E,FLOI	RÍDA	
2. Principal P	Place of Busin	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04192005	Chg-LLC	CR2E	083 (10/03)	
City & State			City & State			4. FEI Numb	oer		 -	oplied For of Applicable	
Zip		Country	Zip	Coun	otry		5. Certificate	e of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
DAVIS, MA 128 SUGA TALLAHA	R PLUM I	RIVE Drive			Street Address (P.O. Box Number is Not Acceptable)						
TALLAHA	33EE, FE	32312			City		, <u>.</u>			7:- 0:-1	
n The bhave		· ·				FL	Zip Code	·			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Fi D	iling Fee i ue by Ma							ake check da Departn	payable to nent of State	e	
9.	MANAGING MEMBERS/MANAGERS					ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Martha Lea Davis				E EET AOORESS -ST-ZIP	28 :	8 Sugar Plum Drive H. 32312				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	234	tha Lou E Rosehill Dri hassee, Fl.	LIP N.		E					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				E E ET AODRESS - ST-ZIP		Change Additi 300051388693 04/20/0501044025 **50.00				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	1	· i					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: Markie Lon Davis Dec 4-19-05 850-668-194-7 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Provine 8											