

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053952

Entity Name: MD DEVELOPERS, L.L.C.

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

21300 SAN SIMEON WAY
R-10
MIAMI, FL 33179

New Principal Place of Business:

3029 NE 183 LN
AVENTURA, FL 33160

Current Mailing Address:

3125 NE 184 ST.
1105
AVENTURA, FL 33160

New Mailing Address:

3029 NE 183 LN
AVENTURA, FL 33160

FEI Number: 20-2820212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAAL, DIEGO M
3125 NE 184 ST.
1105
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

SAAL, DIEGO M
3029 NE 183 LN
AVENTURA, FL 33160 US

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.

SIGNATURE: DIEGO SAAL

04/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MDF PROPERTIES, CORP, .
Address: 3125 NE 184 ST.
City-St-Zip: AVENTURA, FL 33160

Title: MGR () Delete
Name: SAAL, DIEGO M
Address: 3125 NE 184 ST.
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MDF PROPERTIES, CORP, .
Address: 3029 NE 183 LN
City-St-Zip: AVENTURA, FL 33160

Title: MGR (X) Change () Addition
Name: SAAL, DIEGO M
Address: 3029 NE 183 LN
City-St-Zip: AVENTURA, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIEGO SAAL

MR

04/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date