

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000056342

1. Entity Name
MEDD PROPERTIES LLC



Principal Place of Business
1021 BROOKS LANE
DELRAY BEACH, FL 33483

Mailing Address
1021 BROOKS LANE
DELRAY BEACH, FL 33483



04112006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
55-Q880000

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MEDD, PETER
1027 BROOKS LANE
DELRAY BEACH, FL 33483

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MEDD, PETER
STREET ADDRESS 1027 BROOKS LANE
CITY-ST-ZIP DELRAY BEACH, FL 33483

TITLE MGRM
NAME MEDD, RANDALL
STREET ADDRESS 1021 BROOKS LANE
CITY-ST-ZIP DELRAY BEACH, FL 33483

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1000000533320
05/06/06-80119-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/17/06

Date

Daytime Phone #