



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 12, 2005 8:00 am
Secretary of State

04-13-2005 90218 006 ****50.00

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|---|---------------------------------|---|---|---|--|
| DOCUMENT # L04000062128 1. Entity Name MDM INVESTMENTS OF FLORIDA, LLC | | | |  | |
| Principal Place of Business 5964 SOUTH RIDGEWOOD AVENUE PORT ORANGE, FL 32127 | | | Mailing Address 5964 SOUTH RIDGEWOOD AVENUE PORT ORANGE, FL 32127 | | |
| 2. Principal Place of Business 5964 S. Ridgewood Ave Suite, Apt. #, etc. | | 3. Mailing Address 5964 S. Ridgewood Ave Suite, Apt. #, etc. | |  | |
| City & State Port Orange, FL Zip 32127 | | City & State Port Orange, FL Zip 32127 | | 4. FEI Number 20-1561758 Applied For <input type="checkbox"/> Not Applicable | |
| Country Volusia | | Country Volusia | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MCCLELLAN, CYNTHIA ROSE 5964 SOUTH RIDGEWOOD AVENUE PORT ORANGE, FL 32127 | | | | 7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City 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 Cynthia R. McClellan Cynthia R. McClellan 5/4/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: Cynthia R. McClellan Cynthia R. McClellan 5/4/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| Date 5/4/05 Daytime Phone # 304-5006 760-4056 | | | | | |