


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90083 050 ***138.75

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|--------------------------------------|--|---|
| DOCUMENT # L04000062832 | |  |
| 1. Entity Name MDW ASSOCIATES LLC | | |

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| Principal Place of Business 9428 THURLOE PLACE ORLANDO, FL 32827 | Mailing Address 9428 THURLOE PLACE ORLANDO, FL 32827 |
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|--|---------|--|----------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 35539 Schoolcraft Rd | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State Livonia, MI | |
| Zip | Country | Zip 48150 | Country USA |

60017001

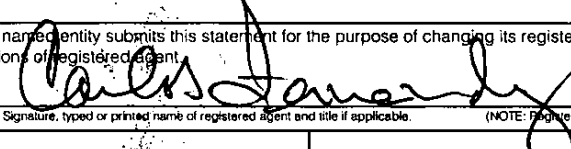


03072008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 20-1525507 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

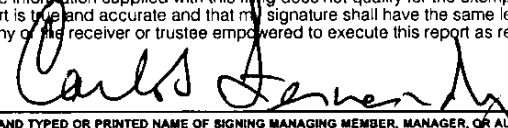
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FERNANDEZ, CARLOS 9428 THURLOE PLACE ORLANDO, FL 32827 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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|---|--------------|
| 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  | DATE 3/17/08 |

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MR FERNANDEZ, CARLOS 9428 THURLOE PLACE ORLANDO, FL 32827 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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 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:  | DATE 3/17/08 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | |