


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90059 008 ****50.00

DOCUMENT # L04000079101 1. Entity Name MD PROPERTIES, LLC					
Principal Place of Business 901 BEGONIA ROAD CELEBRATION, FL 34747			Mailing Address 901 BEGONIA ROAD CELEBRATION, FL 34747		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 803 Birchfield Drive Suite, Apt. #, etc.			
City & State		City & State mt. laurel, NJ		4. FEI Number 20-1811650	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State 08054		City & State 08054		6. Name and Address of Current Registered Agent WARONKER, DAVID 901 BEGONIA ROAD CELEBRATION, FL 34747	
City & State 08054		City & State 08054		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
-Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WARONKER, DAVID 901 BEGONIA ROAD CELEBRATION, FL 34747		<input type="checkbox"/> Delete		
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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: _____ Date _____ Daytime Phone # _____					

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