


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90016 008 \*\*\*\*50.00

|                                      |   |
|--------------------------------------|---|
| <b>DOCUMENT # L04000079101</b>       |  |
| 1. Entity Name<br>MD PROPERTIES, LLC |   |

|  |   |
|--|---|
| Principal Place of Business<br>901 BEGONIA ROAD<br>CELEBRATION, FL 34747 | Mailing Address<br>803 BIRCHFIELD DRIVE<br>MOUNT LAUREL, NJ 08054 |
|--|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>721 Front Street<br>Suite, Apt. #, etc.<br>Suite 240<br>City & State<br>Celebration, FL<br>Zip<br>34747<br>Country<br>USA | 3. Mailing Address<br>721 Front Street<br>Suite, Apt. #, etc.<br>Suite 240<br>City & State<br>Celebration, FL<br>Zip<br>34747<br>Country<br>USA |
|---|---|



01172006 Chg-LLC CR2E083 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br>20-1811650   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br>WARONKER, DAVID<br>901 BEGONIA ROAD<br>CELEBRATION, FL 34747   |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Waronker, David<br>Street Address (P.O. Box Number is Not Acceptable)<br>721 Front Street, Suite 240<br>City<br>Celebration FL Zip Code<br>34747 |  |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>WARONKER, DAVID<br>901 BEGONIA ROAD<br>CELEBRATION, FL 34747 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 721 Front Street, Suite 240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/06 321-939-0570  
Date Daytime Phone #