

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90062 007 \*\*\*\*55.00

**DOCUMENT # L04000079762**

1. Entity Name  
**MDT MORTGAGE GROUP, LLC.**



Principal Place of Business  
**4474 PHILADELPHIA CIRCLE  
KISSIMMEE, FL 34746 US**

Mailing Address  
**4474 PHILADELPHIA CIRCLE  
KISSIMMEE, FL 34746 US**

**20051794**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02082005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**83-0410197**

Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARIN, AIDA L  
4474 PHILADELPHIA CIRCLE  
KISSIMMEE, FL 34746**

Name

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

*Aida L. Marin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/26/05*

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  
**MGR  
TAVAREZ, MARILUZ  
4474 PHILADELPHIA CIRCLE  
KISSIMMEE, FL 34746** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MARIN, AIDA L.  
4474 Philadelphia Circle  
Kissimmee, FL 34746** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DALFONZO, RANDY  
321 INDIANA AVE.  
ST. CLOUD, FL 34769** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:

*MARILUZ TAVAREZ*

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

*4/26/05*

Date

*407-944-4161*

Daytime Phone #