## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000082710**

1. Entity Name

MDL PROPERTIES, LLC



**FILED** Jan 10, 2008 08:00 AN Secretary of State

Principal Place of Business

1920 NORTHGATE BOULEVARD

SARASOTA, FL 34234

Mailing Address

1920 NORTHGATE BOULEVARD

DO NOT WRITE IN THIS SPACE

SARASOTA, FL. 34234



01072008 No Chg-LLC

CR2E083 (12/07)

Davtime Phone #

4. FEI Number 20-1938272

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COMPARETTO, MARIO L 1920 NORTHGATE BLVD. STE. A7

SARASOTA, FL 34234

| DO | NOT  | WRITE        |
|----|------|--------------|
| IN | THIS | <b>SPACE</b> |

| the obligations of registered agent.   |  |  |                           |
|--|--|--|---------------------------|
| SIGNATURE  | Sgnature, typed bugginded name of replaced agent and lide if applicable. | (NOTE: Registered Apent eigneture required when reinstating) | DALLE DALLE               |
|  | NOWIII FEE IS \$138.76<br>71, 2008 Fee will be \$538.75                  |  | 01/10/08-80047-019 138.75 |
| 9.   | MANAGING MEMBERS/MANAGERS  |  |                           |
| TITLE .  | MGRM   |  |                           |
| NAME   | COMPARETTO, MARIO  |  |                           |
| STREET ADDRESS   | 1920 NORTHGATE BOULEVARD #A-7  |  |                           |
| CITY-ST-ZIP  | SARASOTA, FL 34234   | •  |                           |
| IIILE  | MGRM   |  |                           |
| NAME   | MCDONOUGH, DONALD  | •  |                           |
| STREET ADDRESS   | 1920 NORTHGATE BOULEVARD, #A-7   |  |                           |
| CTTY-ST-ZEP  | SARASOTA, FL. 34234  |  |                           |
| TITLE  | MGRM   |  |                           |
| NAME   | HASBROUCK, LUIS  |  |                           |
| STREET ADDRESS   | 1920 NORTHGATE BOULEVARD, #A-7   | DO   | NOT WOITE                 |
| CITY-ST-ZIP  | SARASOTA, FL 34234   | 00   | NOT WRITE                 |
| TITLE  |  | INI  | THIS SPACE                |
| NAME   |  | 117  | IIIIO OI AOL              |
| STREET ADDRESS   |  |  |                           |
| CITY-ST-ZIP  |  |  |                           |
| TITLE  |  |  |                           |
| NAME   |  |  |                           |
| STREET ADDRESS   |  | i  |                           |
| CITY-ST-ZIP  |  | ······································                       |                           |
| TITLE  |  | ľ  |                           |
| NAME   |  |  |                           |
| STREET ADDRESS   |  | <u> </u>   |                           |
| CITY-ST-ZIP  | ·  | <b></b>  |                           |
| 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. |  |  |                           |

NG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE