


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-15-2006 90240 040 ****50.00

DOCUMENT # L05000006188			
1. Entity Name MLD, LLC		Principal Place of Business 3348 EDGEWATER DRIVE ORLANDO, FL 32804	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 3348 EDGEWATER DRIVE ORLANDO, FL 32804 Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04252006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent WHITE, W. GRAHAM 250 PARK AVENUE SOUTH 5TH FLOOR WINTER PARK, FL 32789		7. Name and Address of New Registered Agent 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		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 NAME STREET ADDRESS CITY-ST-ZIP	MANAGER MARY L. DEMETREE 3348 EDGEWATER DR. ORLANDO, FL 32804 <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 trust or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Mary L Demetree</i>		Date: 4-25-06 (407) 422-8191	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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