


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000058913</b> 1. Entity Name MD ENTERPRISE, LIMITED LIABILITY COMPANY	
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Principal Place of Business 1465 NE 121 ST B-213 NORTH MIAMI, FL 33161	Mailing Address 1465 NE 121 ST B-213 NORTH MIAMI, FL 33161
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04252007 No Chg-LLC

CR2E083 (11/05)

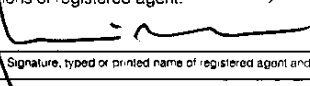
**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3004227	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  QUILEZ, MIRIAN MGR 1465 NE 12 ST B-213 NORTH MIAMI, FL 33161
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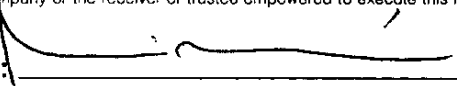
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  04/29/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR QUILEZ, MIRIAN MGR 1465 NE 121 ST B-213 NORTH MIAMI, FL 33161
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U000000752446 05/21/07-80015-013 55.00  <b>DO NOT WRITE IN THIS SPACE</b>
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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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  SIGNATURE  04/29/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
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