

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059451

FILED
Aug 29, 2006
Secretary of State

Entity Name: MDL INVESTMENT GROUP, LLC

Current Principal Place of Business:

99 NESBIT STREET, C/O JACK O. HACKETT II
FARR, FARR EMERICH, HACKETT
PUNTA GORDA, FL 33950

Current Mailing Address:

99 NESBIT STREET, C/O JACK O. HACKETT II
FARR, FARR EMERICH, HACKETT
PUNTA GORDA, FL 33950

New Principal Place of Business:

99 NESBIT STREET, C/O JACK O. HACKETT II
FARR, FARR EMERICH, HACKETT
PUNTA GORDA, FL 33950 US

New Mailing Address:

99 NESBIT STREET, C/O JACK O. HACKETT II
FARR, FARR EMERICH, HACKETT
PUNTA GORDA, FL 33950 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT STREET
FARR, FARR EMERICH, HACKETT
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ELIOT, MARK
Address: 530 CLEVELAND AVENUE N.
City-St-Zip: ST. PAUL, MN 55114 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK ELIOT

MGR

08/29/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date