

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087194

Entity Name: MWDP, LLC

FILED
Feb 14, 2007
Secretary of State

Current Principal Place of Business:

699 EARL STREET
DAYTONA BEACH, FL 32118

New Principal Place of Business:

200 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114

Current Mailing Address:

699 EARL STREET
DAYTONA BEACH, FL 32118

New Mailing Address:

200 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114

FEI Number: 13-6449319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICKETT, DWIGHT E
699 EARL STREET
DAYTONA BEACH, FL 32118 US

Name and Address of New Registered Agent:

PICKETT, DWIGHT E
200 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114 US

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:

02/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WEIGEL, A. M
Address: 699 EARL STREET
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: MGR () Delete
Name: PICKETT, DWIGHT E
Address: 699 EARL STREET
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WEIGEL, A. M
Address: 200 MAGNOLIA AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114 US

Title: MGR (X) Change () Addition
Name: PICKETT, DWIGHT E
Address: 200 MAGNOLIA AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

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: A M WEIGEL

MGR

02/14/2007

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