

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090761

Entity Name: MLD 1, LLC

FILED
Feb 04, 2008
Secretary of State

Current Principal Place of Business:

7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 691777
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 20-3445356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAVERICK LAND DEVELOPMENTS, LLC
7380 SAND LAKE ROAD
SUITE 500
ORLANDO, FL 32819 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: MGR () Delete
Name: MAVERICK LAND DEVELOPMENTS, LLC
Address: P O BOX 691777
City-St-Zip: ORLANDO, FL 32869 US

Title: MMGR (X) Delete
Name: KHAWAJA, HAROON
Address: P O BOX 691777
City-St-Zip: ORLANDO, FL 32869 US

Title: MGR (X) Delete
Name: NANA, RUMIT
Address: P O BOX 692679
City-St-Zip: ORLANDO, FL 32869 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAVERICK LAND DEVELOPMENTS, LLC
Address: P O BOX 691777
City-St-Zip: ORLANDO, FL 32869 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HAROON KHAWAJA

MGRM

02/04/2008

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