

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90089 037 \*\*\*\*50.00

<b>DOCUMENT # L05000104819</b> 1. Entity Name M.V.D., LLC					
Principal Place of Business 4233 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652-5440			Mailing Address 4233 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652-5440		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>20-369-3759</b> ←		
Zip		Country		4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  IAVELO, MICHAEL F 4233 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652-5440			7. Name and Address of New Registered Agent Name <b>Victor Caudill</b> Street Address (P.O. Box Number is Not Acceptable) <b>7608 Cypress Knee Drive</b> <b>4th Floor</b> City <b>Hudson</b> <b>FL</b> Zip Code <b>34667</b>		
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 <i>Victor Caudill</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAUDILL, VICTOR 7608 CYPRESS KNEE DRIVE 4TH FLOOR HUDSON, FL 34667	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUGGEMANN, RICHARD 351 LONGVIEW DRIVE MOUNTAINSIDE, NJ 07092	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Victor Caudill</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					