

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90026 036 ****50.00

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03192007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000002677 1. Entity Name MDR DEVELOPMENT, LLC					
Principal Place of Business 61 WEST COLONIAL DRIVE ORLANDO, FL 32801			Mailing Address 61 WEST COLONIAL DRIVE ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4077915	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SHOEMAKER, JOHN B 61 WEST COLONIAL DRIVE ORLANDO, FL 32801				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			P KODSI, ALBERT 61 W. COLONIAL DRIVE ORLANDO, FLORIDA 32801		
			V SHOEMAKER, JOHN B 61 W. COLONIAL DRIVE ORLANDO, FLORIDA 32801		
			VPT COHEN, ODED 61 W. COLONIAL DRIVE ORLANDO, FLORIDA 32801		
			VP KODSI, STEVE 61 W. COLONIAL DRIVE ORLANDO, FLORIDA 32801		
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: _____			ODED COHEN 4/1/07 (407) 294-7931		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		