2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L06000002677 1. Entity Name MDR DEVELOPMENT, LLC Principal Place of Business 61 WEST COLONIAL DRIVE ORLANDO, FL 32801 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 03052008 City & State City & State 4. FEI Number 20-4077 Zip Country Zip Country 5. Certificate of 6. Name and Address of Current Registered Agent 7. Name and Address 7. Name and

FILED Apr 30, 2008 8:00 am Secretary of State

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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03052008	03052008 Chg-LLC CR2E083 (12/06)			
City & State		City & State		4. FEI Numb			plied For	
Zip Country Zip		Zip	Country	<u> </u>	20-4077915 Not Applicable 5. Certificate of Status Desired \$5.00 Additional Fee Required			
-	6. Name and Address of Current F	l Registered Agent		7. Name and	Address of New Re		,	
		<u> </u>	Name			<u> </u>		
SHOEMAKER, JOHN B 61 WEST COLONIAL DRIVE ORLANDO, FL 32801			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
	•		City			FL Zip Code	B	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or reg	istered agent, or bo	th, in the State of Flori	da. I am familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signature rec	quired when reinstating)		DATE		
	: NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75					check payable to Department of State	•	
9.	MANAGING MEMBER	RS/MANAGERS	10.	ı	ADDITIONS/C	CHANGES		
TITLE	Р	☐ Delete	TITLE			☐ Change	Addition	
NAME	KODSI, ALBERT		NAME					
STREET ADDRESS	61 WEST COLONIAL DR		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP					
TITLE	V	Delete	TITLE			☐ Change	Addition	
NAME	SHOEMAKER, JOHN B		NAME					
STREET ADDRESS	61 WEST COLONIAL DR		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP					
TITLE	VPT	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS	61 WEST COLONIAL DR		NAME STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP					
TITLE	VP	☐ Delete	TITLE			Change	☐ Addition	
NAME	KODSI, STEVE	L Delete	NAME			Change	Addition	
STREET ADDRESS	61 WEST COLONIAL DR		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP					
TITLE		☐ Defete	TITLE			☐ Change	Addition	
NAME			NAME				•	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			Change	Addition	
NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
UIT-31-ZIP	1		■ UIII-31-ZIP i					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysine Phone #