2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028173

City-St-Zip:

PUNTA GORDA, FL 33950 US

Entity Name: M AND D PROPERTIES LLC

FILED Mar 11, 2009 Secretary of State

New Principal Place of Business: Current Principal Place of Business: 15 SABAL DRIVE PUNTA GORDA, FL 33950 LIS **Current Mailing Address: New Mailing Address:** 15 SABAL DRIVE PUNTA GORDA, FL 33950 US FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALTOBELLI, FRANK R 15 SABAL DRIVE PUNTA GORDA, FL 33950 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete THE FRANK R. ALTOBEL, LI FAMILY TRUS T Name: Name: Address: 13801 BELLE CHASSE BLVD., #414 Address: City-St-Zip: LAUREL, MD 20707 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: FRANK R. ALTOBELLI T, RUSTEE Name: Address: 15 SABAL DRIVE Address: City-St-Zip: PUNTA GORDA, FL 33950 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JANET S. ALTOBELLI T, RUSTEE Name: Name: Address: 15 SABAL DRIVE Address:

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.

City-St-Zip:

SIGNATURE: FRANK R. ALTOBELLI MGRM 03/11/2009