

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L06000047167

1. Entity Name  
MTDR LLC



Principal Place of Business  
18840 US 441, GOLD'S GYM  
MT. DORA, FL 32757

Mailing Address  
2841 HARTLAND RD  
STE 200  
FALLS CHURCH, VA 22043

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip      Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip      Country

04222008    Chg-LLC    CR2E083 (12/06)

4. FEI Number 20-4840664	Applied For Not Applicable
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5. Certificate of Status Desired     \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
RISMILLER, MATT  
700 BALMORAL RD  
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent  
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 \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable.)      (NOTE: Registered Agent signature required when reinstating.)      DATE \_\_\_\_\_  
  
FILE NOW!!! FEE IS: \$138.75  
After May 1, 2008 Fee will be \$538.75

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, PLEASANT		NAME
STREET ADDRESS	2732 LAKE HOWELL LANE		STREET ADDRESS
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP
TITLE	MGR	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISMILLER, MATT		NAME
STREET ADDRESS	700 BALMORAL RD		STREET ADDRESS
CITY-ST-ZIP	WINTER PARK, FL 32792		CITY-ST-ZIP
TITLE	MGR	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYINGTON, ROSS		NAME
STREET ADDRESS	2841 HARTLAND RD, SUITE 200		STREET ADDRESS
CITY-ST-ZIP	FALLCHURCH, VA 22043		CITY-ST-ZIP
TITLE	MGR	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSUNG, BRETT		NAME
STREET ADDRESS	28 W 69TH ST APT 6A		STREET ADDRESS
CITY-ST-ZIP	NEW YORK, NY 10023		CITY-ST-ZIP
TITLE	MGR	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISS, GREGOR		NAME
STREET ADDRESS	2530 N KEY BLVD APT 714		STREET ADDRESS
CITY-ST-ZIP	ARLINGTON, VA 22209		CITY-ST-ZIP
TITLE	MGR	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURSNEY, DAVID		NAME
STREET ADDRESS	236 RUBY LAKE LANE		STREET ADDRESS
CITY-ST-ZIP	WINTER HAVEN, FL 33884		CITY-ST-ZIP

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      Daytime Phone #

60029874



04-28-2008 90039 044 \*\*\*138.75

703-207-7006