

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90039 044 ***138.75

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**

60029874



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04222008 Chg-LLC CR2E083 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
20-4840664

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RISMILLER, MATT
700 BALMORAL RD
WINTER PARK, FL 32789**

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** ☐ Delete
NAME **LEWIS, PLEASANT**
STREET ADDRESS **2732 LAKE HOWELL LANE**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **RISMILLER, MATT**
STREET ADDRESS **700 BALMORAL RD**
CITY-ST-ZIP **WINTER PARK, FL 32792**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **BYINGTON, ROSS**
STREET ADDRESS **2841 HARTLAND RD, SUITE 200**
CITY-ST-ZIP **FALLCHURCH, VA 22043**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **BOSSUNG, BRETT**
STREET ADDRESS **28 W 69TH ST APT 6A**
CITY-ST-ZIP **NEW YORK, NY 10023**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **WEISS, GREGOR**
STREET ADDRESS **2530 N KEY BLVD APT 714**
CITY-ST-ZIP **ARLINGTON, VA 22209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **GURSNEY, DAVID**
STREET ADDRESS **236 RUBY LAKE LANE**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 #

4/27/08

703-207-7006