

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008 8:00 am
Secretary of State

01-09-2008 90018 006 ***143.75

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01062008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000071667	
1. Entity Name MD4 YOU L.L.C.	

Principal Place of Business 440 N. STATE ROAD 7, SUITE 101 ROYAL PALM BEACH, FL 33411	Mailing Address PO BOX 211118 ROYAL PALM BEACH, FL 33421
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2. Principal Place of Business - No P.O. Box # 10115 WEST FOREST HILL BLVD	3. Mailing Address
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Suite, Apt. #, etc. SUITE 302	Suite, Apt. #, etc.
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City & State WELLINGTON FL	City & State
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Zip 33414	Country PALM BEACH	Zip	Country
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4. FEI Number 11-3785089	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WELLIVER, TODD A MD 10454 POLO LAKE DR WEST WELLINGTON, FL 33414	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: Todd Welliver (NOTE: Registered Agent signature required when reinstating) DATE: 1/6/2008

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLIVER, TODD A MD 10454 POLO LAKE DR WEST WELLINGTON, FL 334146177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Todd Welliver DATE: 1/6/2008 DAYTIME PHONE #: 561-337-4336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE