


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90036 010 ****50.00

DOCUMENT # L06000111239	
1. Entity Name MDCD LLC	

Principal Place of Business 8853 CALUMET BLVD PORT CHARLOTTE, FL 33981	Mailing Address 8853 CALUMET BLVD PORT CHARLOTTE, FL 33981
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2. Principal Place of Business - No P.O. Box # 17435 S. McCall Rd.	3. Mailing Address 17435 S. McCall Rd.
Suite, Apt. #, etc. UNIT # 236	Suite, Apt. #, etc. UNIT # 236

City & State Port Charlotte, FLORIDA	City & State Port Charlotte, FLORIDA
Zip 33981	Country CHARLOTTE



04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8237100	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CLARK, CHAD S 8853 CALUMET BLVD PORT CHARLOTTE, FL 33981	
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7. Name and Address of New Registered Agent	
Name Clark, Chad S.	
Street Address (P.O. Box Number is Not Acceptable) 39 TEE VIEW PLACE	
City ROTUNDA WEST	FL Zip Code 33947

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 	DATE

Filing Fee is \$50.00 Due by May 1, 2007	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 MARTIN, ELVIN A 13435 S. MCCALL RD #236 PORT CHARLOTTE, FL 33981 <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	MGR DUNAGAN, SARAH Y 13435 S. MCCALL RD #234 PORT CHARLOTTE, FL 33981 <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	MGR CLARK, CHAD S 8853 CALUMET BLVD PORT CHARLOTTE, FL 33981 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Clark, Chad S. 39 TEE VIEW PLACE ROTUNDA WEST, FL 33947 <input checked="" 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
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.	
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SIGNATURE: 	4/2/07 941-661-1423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	