

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000055382

FILED  
Jun 06, 2008  
Secretary of State

Entity Name: MJD FLORIDA 1, LLC

**Current Principal Place of Business:**

6308 OSCAR HOWE CIRCLE  
SIOUX FALLS, SD 57106

**New Principal Place of Business:**

**Current Mailing Address:**

6308 OSCAR HOWE CIRCLE  
SIOUX FALLS, SD 57106

**New Mailing Address:**

FEI Number: 26-0301542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CHRISTOPHER B. WALDERA, P.A.  
11300 OVERSEAS HIGHWAY  
MARATHON, FL 33050      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:**

Title: MGRM      ( ) Delete  
Name: DALSIN, MICHAEL J  
Address: 6308 OSCAR HOWE CIRCLE  
City-St-Zip: SIOUX FALLS, SD 57106

Title: MGRM      ( ) Delete  
Name: DALSIN, JULIE  
Address: 6308 OSCAR HOWE CIRCLE  
City-St-Zip: SIOUX FALLS, SD 57106

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MICHAEL J DALSIN

MGRM

06/06/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date