2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Apr 17, 2008 8:00 am Secretary of State DOCUMENT # L07000077336 1. Entity Name 04-17-2008 90163 019 ***138.75 MD INVESTMENTS I, LLC Principal Place of Business Mailing Address 5111 OCEAN BLVD 5111 OCEAN BLVD SUITE C SARASOTA FL 34242 SUITE C SARASOTA FL 34242 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 26-059894 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCURDY, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 5111 OCEÁN BLVD SUITE F SARASOTA FL 34242 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or priored name of tog stered agent and title if applicable (NOTE: Registered Agent's qualitie required when reinstating) CATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. BILE MGR ☐ Delete Title ☐ Change Addition NAME MCCURDY, JEFFREY NAME. STREET ADDRESS 5111 OCEAN BLVD, SUITE F STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 THE ☐ Delete MiF ☐ Change Addition HARRE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BILE ☐ Delete HILE ☐ Change ___ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ☐ Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-5T-ZIP CITY-ST-ZIP Delete THILE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 magazing member or manager of the

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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JEFF MCCURDY, MGR