

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058530

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: MCD REAL ESTATE GROUP, LLC

## Current Principal Place of Business:

6250 HAZELTINE NATIONAL DRIVE  
100  
ORLANDO, FL 32822 US

## Current Mailing Address:

6250 HAZELTINE NATIONAL DRIVE  
100  
ORLANDO, FL 32822 US

## New Principal Place of Business:

6565 HAZELTINE NATIONAL DRIVE  
12  
ORLANDO, FL 32822 US

## New Mailing Address:

6565 HAZELTINE NATIONAL DRIVE  
12  
ORLANDO, FL 32822 US

FEI Number: 26-2817810

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMEONE, KAREN A  
6250 HAZELTINE NATIONAL DRIVE  
100  
ORLANDO, FL 32822 US

## Name and Address of New Registered Agent:

SIMEONE, KAREN A  
6565 HAZELTINE NATIONAL DRIVE  
12  
ORLANDO, FL 32822 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: KAREN A SIMEONE

04/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SIMEONE, CARMEN R  
Address: 6250 HAZELTINE NATIONAL DRIVE, SUITE 100  
City-St-Zip: ORLANDO, FL 32822 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SIMEONE, CARMEN R  
Address: 6565 HAZELTINE NATIONAL DR, SUITE 12  
City-St-Zip: ORLANDO, FL 32822 US

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: CARMEN R SIMEONE

MGR

04/09/2009

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