


# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2012 JUN 12 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L11000026284					
1. Entity Name MDS PROPERTY INVESTMENTS, LLC					
Principal Place of Business 14501 SABAL DRIVE MIAMI LAKES, FL 33014			Mailing Address 14501 SABAL DRIVE MIAMI LAKES, FL 33014		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODRIGUEZ, MARIA C 14501 SABAL DRIVE MIAMI, FL 33014				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$538.75</b> <b>Due by September 28, 2012</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARIA C		NAME		
STREET ADDRESS	14501 SABAL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI LAKES, FL 33014		CITY - ST - ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, DAVID		NAME		
STREET ADDRESS	14501 SABAL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI LAKES, FL 33014		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u><i>Maria C Rodriguez</i></u>			DATE: <u>6/5/12</u> E-MAIL ADDRESS: <u>almarlam@aol.com</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE		



05152012 Chg-LLC CR2E083 (12/11)

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Make check payable to  
Florida Department of State

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