


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company  MDG - QWI, L.C. 4356 BUTTERFLY ORCHID LANE NAPLES FL 33999		<b>DOCUMENT #</b> L94000000656  1a. Principal Place of Business Address  4356 BUTTERFLY ORCHID LANE NAPLES FL 33999 <i>mwb</i>	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Organized or Qualified 11/15/1994		3a. State of Formation FL	
4. FEI Number 65-0544217		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report 05/01/1996		6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required	
7. Name and Address of Current Registered Agent  KLOHN, WILLIAM L 11983 TAMiami TRAIL NORTH NAPLES FL 33963		8. Name and Address of New Registered Agent  Name: <i>Patrick McCuan</i> Street Address (P.O. Box Number is Not Acceptable): <i>4356 Butterfly Orchid Lane</i> Suite, Apt. #, etc.  City: <i>Naples</i> FL Zip Code: <i>33999</i>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE: <i>Patrick McCuan</i> DATE: <i>1/31/97</i> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	MCCUAN, PATRICK	4356 BUTTERFLY ORCHID LANE	NAPLES FL
			9000002150269--6 -04/22/97--01033--003 *****203.75 *****203.75
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.  SIGNATURE: <i>Patrick McCuan, Pres.</i> <i>1/31/97</i> 941-597-9786 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #			