


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000001430</b> 1. Entity Name <b>MARDI PROPERTIES, L.C.</b>	
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Principal Place of Business <b>5778 5TH AVENUE NORTH ST. PETERSBURG, FL 33710</b>	Mailing Address <b>12631 FRANK DRIVE SOUTH SEMINOLE, FL 33776</b>
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01162006 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3486794</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
**DIANE M VARIDIN, LC  
12631 FRANK DRIVE SOUTH  
SEMINOLE, FL 33776**

**DO NOT WRITE  
IN THIS SPACE**

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 *Diane M. Varidin* *Diane M. Varidin* *3.7.06*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARIDIN, MARK E 12631 FRANK DRIVE SOUTH SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VARIDIN, DIANE 12631 FRANK DRIVE SOUTH SEMINOLE, FL 33776
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03/20/06-80050-004 50.00

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: *Diane M. Varidin, Managing Member* *3.7.06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #