2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003383

1. Entity Name
M.D.M. HOLDINGS, L.C.

Principal Place of Business	Mailing Address
2140 W. 68TH ST, SUITE 403 HIALEAH, FL 33016	2140 W. 68TH ST, SUITE 403 HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE

02152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-0932846

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIAZ, PEDRO O
2140 W. 68TH ST, SUITE 403
HIALEAH, FL 33016

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	DIAZ, PEDRO O
STREET ADDRESS	2140 W. 68TH ST, SUITE 403
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	MGRM
NAME	MARQUEZ, JOSE L
STREET ADDRESS	2140 W. 68TH ST, SUITE 403
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	MGRM
NAME	MACHADO, RICARDO L
STREET ADDRESS	2140 W. 68TH ST, SUITE 403
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	MGRM
NAME	SANCHEZ, JAIME J
STREET ADDRESS	2140 W. 68TH ST, SUITE 403
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I 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 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: _____ 2/20/04 305 558-1767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #