

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

**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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

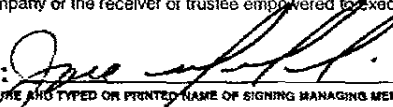
**Filing Fee is \$50.00
Due by May 1, 2004**

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

1000000063635
02/23/04-80169-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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** **305 576-5867**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #