2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 02, 2008 8:00 am Secretary of State

	ANNUAL		occietary or state					
DOCU	MENT # L99000003	05-0	2-2008 90019	044 ***138.	75			
1. Entity Nam	ne e							
M.D.M. HOLDINGS, L.C.								
Delivered Plans of Business Molling Address				<u> </u>	003875C			
Principal Place of Business 2140 W. 68TH ST, SUITE 403		Mailing Address 2140 W. 68TH ST, SUITE 403					•	
HIALEAH, FL 33016		HIALEAH, FL 33016						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
8 % A				1 (83)(8) 8 0 13) 0 181		96 11100 JUBI 19488 IN	581 III 1561	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc.	·		j-LLC CR2	2E083 (12/06)		
City & Stat	6	City & State		4. FEI Number 65-0932846	4. FEI Number Applied For 65-0932846 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of State	us Desired	\$5.00 Addi		
	6. Name and Address of Current Registered Agent				ss of New Register			
DIAZ DEDDO O			Name					
DIAZ, PEDRO O 2140 W. 68TH ST, SUITE 403			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
HIALEAH,	FL 33016				.			
-			City			Zip Code)	
The above named entity submits this statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office or a statement for the purpose of changing its registered office. 3. **The above **Parameter** **The above **The				nistered agent or both in th	FL '			
	tions of registered agent.	ir the purpose of changing its i	egistered office of re	gistered agent, or both, in th	e State of Florida. Ta	arritatinnai witti, i	and accept	
SIGNATURE								
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DAT	TE .		
FILE	NOWIII FEE IS \$138.75	_		* * * * * * * * * * * * * * * * * * * *		k payable to		
After May	y 1, 2008 Fee will be \$538.7	P		, i	Fiorida Depai	rtment of State	•	
9. MANAGING MEMBI		ERS/MANAGERS	10.	* · · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANG			
TITLE NAME	MGRM DIAZ, PEDRO O	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS	2140 W. 68TH ST, SUITE 403		STREET ADDRESS					
CITY-ST-ZIP	HIALEAH, FL 33016		CITY-ST-ZIP					
TITLE	MGRM	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME CITICET ADDRESS	MARQUEZ, JOSE L		NAME Street adoress					
STREET ADDRESS CITY-ST-ZIP	2140 W. 68TH ST, SUITE 403 HIALEAH, FL 33016		CITY-ST-ZIP					
TITLE	MGRM	Delete	TITLE			☐ Change	☐ Addition	
NAME	MACHADO, RICARDO L		NAME			. — - •••		
STREET ADDRESS CITY-ST-ZIP	2140 W. 68TH ST, SUITE 403		STREET ADDRESS					
TITLE	HIALEAH, FL 33016	☐ Delete	CITY-ST-ZIP			Change	Addition	
NAME	L	L_ Delete	mu					
STREET ADORESS	SANCHEZ, JAIME J		NAME				_	
	SANCHEZ, JAIME J 2140 W. 68TH ST, SUITE 403		STREET ADDRESS					
CITY-ST-ZIP								
TITLE	2140 W. 68TH ST, SUITE 403	☐ Delete	STREET ADDRESS CITY-SI-ZIP TITLE			☐ Change	☐ Addition	
	2140 W. 68TH ST, SUITE 403	☐ Delete	STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME	2140 W. 68TH ST, SUITE 403	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	2140 W. 68TH ST, SUITE 403	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2140 W. 68TH ST, SUITE 403		STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

305-698-1828