


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000004529 1. Entity Name MDX LEASING LLC	
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Principal Place of Business 10801 COSMONAUT BOULEVARD ORLANDO, FL 32824	Mailing Address ONE SPECTACLE POND ROAD LITTLETON, MA 01460
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DO NOT WRITE IN THIS SPACE



01152007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 11-3756503	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 27TH FLOOR MIAMI, FL 33131
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THE MIDDLESEX CORPORATION ONE SPECTALE POND ROAD LITTLETON, MA 01460
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<p>U000000669153 03/27/07-80060-013 50.00</p> DO NOT WRITE IN THIS SPACE

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: <u>Robert N. Jacobson, Mgr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>3/13/07</u> <u>978-742-4400</u> <small>Date Daytime Phone #</small>

Robert N. Jacobson