


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90143 023 \*\*\*\*50.00

DOCUMENT # L02000027146 1. Entity Name MADIANNA FINANCIAL, LLC	
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Principal Place of Business P.O. BOX <del>34027</del> <b>290849</b> TAMPA, FL <del>33694</del> <b>33687</b>	Mailing Address P.O. BOX <del>34027</del> <b>290849</b> TAMPA, FL <del>33694</del> <b>33687</b>
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**24064128**



04262004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number <b>51-0433838</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

WELLS, JAMES  
510 NANTUCKET DRIVE  
TAMPA, FL 33617

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELLS, JAMES 510 NANTUCKET TAMPA, FL 33617
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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:  **James M. Wells** 4/20/04 813-629-3697  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #