

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100560

FILED
Feb 04, 2007
Secretary of State

Entity Name: MADIV, LLC

Current Principal Place of Business:

3631 N 52ND AVENUE
HOLLYWOOD, FL 33021 US

New Principal Place of Business:

5105 SW 93RD AVENUE
COOPER CITY, FL 33328 US

Current Mailing Address:

3631 N 52ND AVENUE
HOLLYWOOD, FL 33021 US

New Mailing Address:

5105 SW 93RD AVENUE
COOPER CITY, FL 33328 US

FEI Number: 20-3623099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AVITAL, BENHARUSH W
3631 N 52ND AVENUE
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

TRACY, MADON
124 NE 16TH COURT
FT LAUDERDALE, FL 33305 US

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.

SIGNATURE: TRACY MADON

02/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AVITAL, BENHARUSH W
Address: 3631 N 52ND AVENUE
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM () Delete
Name: ADIV, ORI
Address: 3631 N 52ND AVENUE
City-St-Zip: HOLLYWOOD, FL 33021 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TRACY, MADON
Address: 124 NE 16TH COURT
City-St-Zip: FT. LAUDERDALE, FL 33305 US

Title: MGRM (X) Change () Addition
Name: ADIV, ORI
Address: 5105 SW 93RD AVENUE
City-St-Zip: COOPER CITY, FL 33328 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRACY MADON

MGRM

02/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date