

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

03-10-2008 90339 030 ***138.75

DOCUMENT # L07000116755

1. Entity Name
MADEIRA BEACH PARTNERS, LLC



Principal Place of Business
**642 BLOOMINGDALE AVE.
 BRANDON, FL 33509**

Mailing Address
**P.O. BOX 3195
 BRANDON, FL 33509**

30003401



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

State, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country
 Zip Country

03052008 Chg-LLC CR2E083 (12/06)

4. FEJ Number
26-1430102

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
**NEWBERRY, DAVID L
 642 BLOOMINGDALE AVE
 BRANDON, FL 33511**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWBERRY HOLDING CO. LLC PO BOX 3195 BRANDON, FL 33509 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RCL VENTURES PO BOX 951 BRANDON, FL 33509 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **3/5/08** **813 651 1408**
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #