## 2008 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A06000001151

Entity Name: MADB&C, LLLP

**FILED** Apr 10, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

14135 HAPPY HILL ROAD DADE CITY, FL 33525

**Current Mailing Address: New Mailing Address:** 

POST OFFICE BOX 2249 DADE CITY, FL 33526

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MADANI, SHEADA 37837 MÉRIDIAN AVENUE SUITE 100 DADE CITY, FL 33525 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:

Electronic Signature of Registered Agent Date

**GENERAL PARTNER INFORMATION:** 

ADDRESS CHANGES ONLY:

Document #:

MADANI, BEHROUZ TRUSTEE Name: 14135 HAPPY HILL ROAD Address:

Address: POST OFFICE BOX 2249 City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33526

Document #:

MADANI, CLAUDIA E TRUSTEE Name: 14135 HAPPY HILL ROAD Address: Address: POST OFFICE BOX 2249 City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33526

Document #: Name: MADANI, CLAUDIA E TRUSTEE

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Name: MADANI, BEHROUZ TRUSTEE

14135 HAPPY HILL ROAD POST OFFICE BOX 2249 Address: Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33526

I hereby certify that the information supplied with this filing does not qualify 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CLAUDIA MADANI GP 04/10/2008