

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A06000001151

Entity Name: MADB&C, LLLP

FILED
Mar 24, 2009
Secretary of State

Current Principal Place of Business:

14135 HAPPY HILL ROAD
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2249
DADE CITY, FL 33526

New Mailing Address:

FEI Number: 20-5664703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADANI, SHEADA
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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:

Document #:

Name: MADANI, BEHROUZ TRUSTEE

Address: POST OFFICE BOX 2249

City-St-Zip: DADE CITY, FL 33526

Document #:

Name: MADANI, CLAUDIA E TRUSTEE

Address: POST OFFICE BOX 2249

City-St-Zip: DADE CITY, FL 33526

Document #:

Name: MADANI, CLAUDIA E TRUSTEE

Address: POST OFFICE BOX 2249

City-St-Zip: DADE CITY, FL 33526

Document #:

Name: MADANI, BEHROUZ TRUSTEE

Address: POST OFFICE BOX 2249

City-St-Zip: DADE CITY, FL 33526

ADDRESS CHANGES ONLY:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

Address:

City-St-Zip:

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: SHEADA MADANI, ATTORNEY FOR LLLP

ATY

03/24/2009

Electronic Signature of Signing General Partner

Date