

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001588

FILED
Apr 28, 2009
Secretary of State

Entity Name: MAD CAPITAL, L.L.C.

Current Principal Place of Business:

11201 CORPORATE CIRCLE NORTH
SUITE #120
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

11201 CORPORATE CIRCLE NORTH
SUITE #120
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-3626521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITHSON, LISA
11201 CORPORATE CIRCLE NORTH
SUITE #120
ST. PETERSBURG, FL 33716 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITHSON, LISA
Address: 11201 CORPORATE CIRCLE NORTH #120
City-St-Zip: ST. PETERSBURG, FL 33716

Title: MGRM () Delete
Name: KAHANA, ELLIOT
Address: 11201 CORPORATE CIRCLE NORTH #120
City-St-Zip: ST. PETERSBURG, FL 33716

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
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 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: LISA SMITHSON

MGR

04/28/2009

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