


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000004683
 1. Entity Name
 MADDEN & GROSSO, PLC



Principal Place of Business Mailing Address
 789 S. FEDERAL HWY., STE. 310 789 S. FEDERAL HWY., STE. 310
 STUART, FL 34994 STUART, FL 34994



DO NOT WRITE IN THIS SPACE

04272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1088272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 GROSSO, JOSEPH D JR.
 789 S. FEDERAL HWY SUITE 310
 STUART, FL 34594

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDEN, JOHN W P.A. 789 S. FEDERAL HWY SUITE 310 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GROSSO, JOSEPH D JR PA 789 S. FEDERAL HWY SUITE 310 STUART, FL 37559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000343327
 04/29/05-80092-008 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  4-27-05 772-220-3496
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #