

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90295 034 \*\*\*\*50.00

20025367



03152006 Chg-LLC CR2E083 (11/05)

|   |  |                                 |   |  |   |
|---|--|---------------------------------|---|--|---|
| <b>DOCUMENT # L03000034161</b>  |  |                                 |   |  |   |
| <b>1. Entity Name</b><br>MADO, LLC  |  |                                 |   |  |   |
| <b>Principal Place of Business</b><br>5912 TARAWOOD DRIVE<br>ORLANDO, FL 32819  |  |                                 | <b>Mailing Address</b><br>5912 TARAWOOD DRIVE<br>ORLANDO, FL 32819  |  |   |
| <b>2. Principal Place of Business</b>   |  | <b>3. Mailing Address</b>       |   |  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.             |   |  |   |
| City & State  |  | City & State                    |   | <b>4. FEI Number</b><br>56-2400947   |   |
| Zip   |  | Country                         |   | <b>Applied For</b><br><input type="checkbox"/> Not Applicable  |   |
| Zip   |  | Country                         |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>SIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145   |  |                                 | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;">FL</span> Zip Code |  |   |
| <b>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.</b>  |  |                                 |   |  |   |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____   |  |                                 |   |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |  |                                 | <b>Make check payable to<br/>Florida Department of State</b>  |  |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |                                 | <b>10. ADDITIONS/CHANGES</b>  |  |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>AKESSON, MARIE-LOUISE<br>8130 FRIENZE BLVD<br>ORLANDO, FL 32836 | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>SNEDDON, DONNA A<br>5912 TARAWOOD DRIVE<br>ORLANDO, FL 32819    | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | <input type="checkbox"/> Delete |   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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.</b> |  |                                 |   |  |   |
| <b>SIGNATURE</b> <i>General Partner Marie Louise Aleson</i>   |  |                                 |   | <b>4/1/06</b>  |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                                 |   | <small>Date Daytime Phone #</small>  |   |