


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # L03000046658 1. Entity Name MAD DOG PROPERTIES, LLC	
--	---

Principal Place of Business 110 S. SEWALL'S POINT ROAD STUART, FL 34996	Mailing Address 110 S. SEWALL'S POINT ROAD STUART, FL 34996
---	---

DO NOT WRITE IN THIS SPACE



04112007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0423486	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

**KRAMER, ROBERT S
853 SE MONTEREY COMMONS BLVD.
STUART, FL 34996**

**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, 2007**

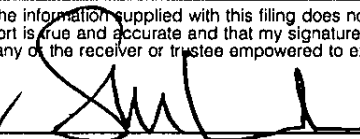
U00000757396
05/23/07-80068-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMB, STUART M JR 110 S. SEWALL'S POINT ROAD STUART, FL 34996
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMB, KIM A 110 S. SEWALL'S POINT ROAD STUART, FL 34996
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	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:  **10 MAY 07 72-781-4300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #