



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000046658 1. Entity Name MAD DOG PROPERTIES, LLC	
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Principal Place of Business 110 S. SEWALL'S POINT ROAD STUART, FL 34996	Mailing Address 110 S. SEWALL'S POINT ROAD STUART, FL 34996
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DO NOT WRITE IN THIS SPACE



04172008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0423486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

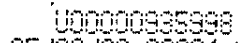
6. Name and Address of Current Registered Agent KRAMER, ROBERT S 853 SE MONTEREY COMMONS BLVD. STUART, FL 34996	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

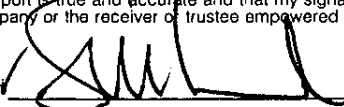
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	


05/23/08-80034-009 138.75

**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:  **STUART LAMB** **26 Apr 08** **772-287-0651**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #