2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State
04-12-2007 90179 019 ****50.00

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1. Entity Name
MADCHRIS, LLC

Principal Place of Business	Mailing Address
11359 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258	11359 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258

00033382

04032007 No Chg-LLC CR2E083 (11/05)

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4. FEI Number
51-0493353
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PRINCE, PETER X
11359 OLD ST AUGUSTINE RD
JACKSONVILLE, FL 32258

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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: Peter X. Prince 4/8/07
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	VP
NAME	WOODS, JEFFREY C
STREET ADDRESS	303 6TH ST
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	Pres.
NAME	Prince, Peter X
STREET ADDRESS	11359 Old St. Augustine Rd
CITY-ST-ZIP	Jacksonville, Fl. 32258
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	

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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: Peter X Prince 4/8/07 904-262-4553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #