

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2008 8:00 am
Secretary of State

07-31-2008 90016 015 ***138.75

60045966



DOCUMENT # L04000004973 1. Entity Name MAKDADDY INVESTMENTS, LLC					
Principal Place of Business 7680 UNIVERSAL BLVD. SUITE 424 ORLANDO, FL 32819 US			Mailing Address 7680 UNIVERSAL BLVD. SUITE 424 ORLANDO, FL 32819 US		
2. Principal Place of Business - No P.O. Box # 4525 Vineland Rd		3. Mailing Address 4525 Vineland Rd			
Suite, Apt. #, etc. Suite 209 % S. NICHOLS		Suite, Apt. #, etc. Suite #209 % S. NICHOLS			
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA			
Zip 32811		Country USA		Zip 32811	
Country USA		4. FEI Number 84-1635010			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NICHOLS, STEVEN R 7680 UNIVERSAL BLVD. SUITE 424 ORLANDO, FL 32819			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: 7/31/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICHOLS, STEVEN R 7680 UNIVERSAL BLVD, SUITE 424 ORLANDO, FL 32819 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NICHOLS, STEVEN R 4525 VINELAND RD ORLANDO, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Date Daytime Phone # <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					