

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007961

Entity Name: MAD VENTURES, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

2455 MORENO DR
9
FT MYERS, FL 33901

Current Mailing Address:

P.O. BOX 66792
ST PETE BEACH, FL 33736

New Principal Place of Business:

2455 MORENO DR
9
FT MYERS, FL 33901 US

New Mailing Address:

P.O. BOX 66792
ST PETE BEACH, FL 33736 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALES, MADELINE
P.O. BOX 66792
ST PETE BEACH, FL 33736 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALES, MADELINE
Address: P.O. BOX 66792
City-St-Zip: ST PETE BEACH, FL 33736

Title: MGRM () Delete
Name: ALES, MADALINE A
Address: P.O. BOX 66792
City-St-Zip: ST PETE BEACH, FL 33736

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MADALINE ALES

MGRM

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date