

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007961

Entity Name: MAD VENTURES, LLC

FILED  
May 01, 2007  
Secretary of State

**Current Principal Place of Business:**

2455 MORENO DR  
9  
FT MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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:**

ALES, MADELINE  
2455 MORENO DR  
FT MYERS, FL 33901 US

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: MADELINE ALES

05/01/2007

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 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: MADELINE ALES

MGRM

05/01/2007

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