


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90207 002 ****50.00

| | | |
|---|--|---|
| DOCUMENT # L04000020777 | |  |
| 1. Entity Name MAD REALTY INVESTMENTS L.L.C. | | |

| | |
|---|---|
| Principal Place of Business 2321 MADISON ST UNIT #4 HOLLYWOOD, FL 33020 US | Mailing Address 462 KENT AVE STE 2 BROOKLYN, NY 11211 US |
|---|---|

20004499



| | | | |
|--|------------|--|------------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address 1385 BROADWAY | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. RM 2108 | |
| City & State | | City & State NEW YORK N.Y. | |
| Zip | Country | Zip | Country |
| 10018 | USA | 10018 | USA |

02092007 Chg-LLC CR2E083 (12/06)

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|-----------------------------|--|
| 4. FEI Number 75-3115181 | Applied For <input type="checkbox"/> Not Applicable |
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| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|---------------------------------------|

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent SEIBEL, ROBERT 4901 NW 17TH WAY, STE 605 FT LAUDERDALE, FL 33309 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
|---|--|---|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PAPOUCHADO, ALBERT 131 PIERMONT AVE HEWLETT BAY PARK, NY 11557 <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 | MGRM AMAR, MICHEL 123 PIERMONT AVE HEWLETT BAY PARK, NY 11557 <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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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/15/07 212 789-7902

Date Daytime Phone #