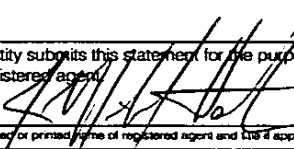
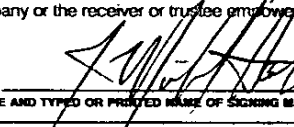


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90127 012 ****50.00

DOCUMENT # L04000036951			
1. Entity Name MAD J LLC			
Principal Place of Business 4190 TAGGART CAY S. #201 SARASOTA, FL 34233 US		Mailing Address 4190 TAGGART CAY S. #201 SARASOTA, FL 34233 US	
2. Principal Place of Business 259 US Hwy 41 Bypass S		3. Mailing Address 259 US Hwy 41 Bypass S	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Venice FL		City & State Venice FL	
Zip 34293	Country US	Zip 34293	Country US
6. Name and Address of Current Registered Agent HARTMAN, JEFFREY 4190 TAGGART CAY S. #201 SARASOTA, FL 34233		7. Name and Address of New Registered Agent Name Jeffrey Hartman Street Address (P.O. Box Number is Not Acceptable) 208 Woodlawn Trail City Venice FL Zip Code 34292	
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  Jeffrey M. Hartman DATE 2/26/5 Signature, typed or printed name of registered agent and the applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARTMAN, JEFFREY 4190 TAGGART CAY S., #201 SARASOTA, FL 34233 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.			
SIGNATURE:  Jeffrey M. Hartman		DATE: 2/26/5 (741) 484-0611	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

20053489



01312005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1144849** Applied For ☐ Not Applicable ☐

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