

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063806

FILED
Jan 07, 2006
Secretary of State

Entity Name: NATMAD, LLC

Current Principal Place of Business:

10371 NW 11TH COURT
PLANTATION, FL 333226550

New Principal Place of Business:

10404 NW 5TH MANOR
PLANTATION, FL 333246550 US

Current Mailing Address:

10371 NW 11TH COURT
PLANTATION, FL 333226550

New Mailing Address:

10404 NW 5TH MANOR
PLANTATION, FL 333246550 US

FEI Number: 71-0971401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEN, JOHN T
7411 MIAMI LAKES DR
MIAMI LAKES, FL 33014 US

Name and Address of New Registered Agent:

CULLEN, JOHN T CPA
7411 MIAMI LAKES DR
MIAMI LAKES, FL 33014 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: JOHN CULLEN

01/07/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARIAS, BELISARIO R
Address: 10371 NW 11TH COURT
City-St-Zip: PLANTATION, FL 333226550

Title: MGR (X) Delete
Name: SAADEH, RAYMONDA
Address: 2230 SW 16TH CT, APT 4
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARIAS, BELISARIO R
Address: 10404 NW 5TH
City-St-Zip: PLANTATION, FL 333246550 US

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: BELISARIO R. ARIAS

MGR

01/07/2006

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