

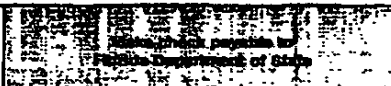
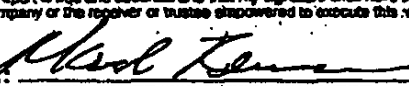
Apr 28 07 01:56p

Elnora Mitchell

**FILED**  
**Sep 13, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90259 026 \*\*\*\*50.00

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                                         |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L05000044680</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                        |                                                                   |
| 1. Entity Name<br><b>MAD INVESTMENTS LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    |                                                                                                                                         |                                                                   |
| Principal Place of Business<br><b>1255 NORTH FLAGLER DRIVE<br/>FORT LAUDERDALE, FL 33304 US</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | Mailing Address<br><b>3555 SOUTH OCEAN BLVD.<br/>417<br/>PALM BEACH, FL 33480 US</b>                                                    |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | 3. Mailing Address                                                                                                                      |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    | Suite, Apt. #, etc.                                                                                                                     |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | City & State                                                                                                                            |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                            | Zip                                                                                                                                     | Country                                                           |
| 4. FEI Number<br><b>APPLIED FOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    | Applied For<br><input checked="" type="checkbox"/> Not Applicable                                                                       |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | \$5.00 Additional Fee Required                                                                                                          |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>REMSON, MARK<br/>3555 S. OCEAN BLVD.<br/>417<br/>PALM BEACH, FL 33480</b>                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |                                                                   |
| 8. The above named entity submits this statement for its 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<br>Signature, typed or printed name of registered agent and his if applicable. (NOTE: Registered Agent Signature required when submitting) DATE                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                                                                                         |                                                                   |
| Filing Fee is \$30.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                    |                                                                   |
| 8. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | 9. ADDITIONS/CHANGES                                                                                                                    |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>REMSON, MARK<br>3555 S. OCEAN BLVD.<br>PALM BEACH, FL 33480 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exceptions 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 806, Florida Statutes. |                                                                                                    |                                                                                                                                         |                                                                   |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    | Date: <b>4.30.07</b> 581<br>Daytime Phone # <b>252-0495</b>                                                                             |                                                                   |