

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059780

FILED
Apr 08, 2007
Secretary of State

Entity Name: MAD FRAMING LLC

Current Principal Place of Business:

PO BOX 450
CARRABELLE, FL 32322

New Principal Place of Business:

500 DESTINEY DR
CARRABELLE, FL 32322

Current Mailing Address:

PO BOX 450
CARRABELLE, FL 32322

New Mailing Address:

FEI Number: 16-1726820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTON, MICHAEL
481 HICKORY HAMMOCK RD LOT 2
CARRABELLE, FL 32322 US

Name and Address of New Registered Agent:

HOLTON, MICHAEL
500 DESTINEY DR
CARRABELLE, FL 32322 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: MICHAEL HOLTON

04/08/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLTON, MICHAEL
Address: PO BOX 450
City-St-Zip: CARRABELLE, FL 32322

Title: MGRM () Delete
Name: HOLTON, HARRY R
Address: PO BOX 450
City-St-Zip: CARRABELLE, FL 32322

Title: MGRM () Delete
Name: DONALDSON, CLIFTON
Address: PO BOX 450
City-St-Zip: CARRABELLE, FL 32322

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: MICHAEL HOLTON

MGRM

04/08/2007

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