


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # L05000080331 1. Entity Name MADDEN AND BREGOFF, PLC	
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Principal Place of Business 789 SOUTH FEDERAL HIGHWAY SUITE 308 STUART, FL 34994 US	Mailing Address 789 SOUTH FEDERAL HIGHWAY SUITE 308 STUART, FL 34994 US
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04272007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 83-0444248	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MADDEN, JOHN W ESQ. 789 SOUTH FEDERAL HIGHWAY SUITE 308 STUART, FL 34994
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM JOHN MADDEN & ASSOCIATES, P.A. 789 SOUTH FEDERAL HIGHWAY, SUITE 308 STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM KEITH BREGOFF, P.A. 789 SOUTH FEDERAL HIGHWAY, SUITE 308 STUART, FL 34994
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IN THIS SPACE**

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:  **John Madden (MGRM)** **4/27/07** **(772) 220-3076**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #