2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000080331

1. Entity Name
MADDEN AND BREGOFF, PLC

Principal Place of Business	Mailing Address
789 SOUTH FEDERAL HIGHWAY SUITE 308 STUART, FL 34994 US	789 SOUTH FEDERAL HIGHWAY SUITE 308 STUART, FL 34994 US

DO NOT WRITE IN THIS SPACE

04022008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
83-0444248

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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

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05/20/08-80044-006 138.75

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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: _____ mgr 4/25/08 (772) 220-3076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #