

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

01-19-2006 90064 024 ****50.00

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01032006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000110887					
1. Entity Name MAUD, LLC					
Principal Place of Business C/O DEAN J. TRANTALIS, ESQ. 2255 WILTON DRIVE WILTON MANORS, FL 33305			Mailing Address C/O DEAN J. TRANTALIS, ESQ. 2255 WILTON DRIVE WILTON MANORS, FL 33305		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3796331	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 TRANTALIS, DEAN J, ESQ. 2255 WILTON DRIVE WILTON MANORS, FL 33305			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
State			State		
Zip Code			Zip Code		

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]* DATE: 1/13/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUDDLE, ALAN <input checked="" type="checkbox"/> Delete 1310 S. OCEAN DRIVE FT. LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Martin Silver <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 41 Indian Creek Island Rd. Indian Creek Village, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Schwarz 235 Shadowledge Lane Roswell, GA 30070
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ira London 3 Oleander Drive Northpoint, NY 11700
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alan Duddle 1310 S. Ocean Drive Fort Lauderdale, FL 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: *[Signature]* DATE: 1/13/06 DAYTIME PHONE #: 954-566-2226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



ATTACHMENT RECEIVED
2-14-06

300001659

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

MAUD, LLC
C/O DEAN J. TRANTALIS, ESQ.
2255 WILTON DRIVE
WILTON MANORS, FL 33305

Subject: MAUD, LLC

Reference Number: L05000110887

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION