2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000003976

1. Entity Name MADY DEVELOPMENT I, LLC



Principal Place of Business

Mailing Address

545 E. JOHN CARPENTER FWY., SUITE 1500 IRVING, TX 75062

545 E. JOHN CARPENTER FWY., SUITE 1500 IRVING, TX 75062

FILED Feb 11, 2008 08:00 A Secretary of State



01072008No Chg-LLC

CR2E083 (12/07)

4. FEi Number	Applied For
20-4105829	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

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Fee Required

6. Name and Address of Current Registered Agent

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NOVATT, JEFF M CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP 821 FIFTH AVENUE SOUTH, SUITE 201 NAPELS, FL 34102

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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

Skynature, 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 NAME	MGR PUKLIEZ, GREG
STREET ADDRESS CITY-ST-ZIP	545 E. JOHN CARPENTER FWY. SUITE 1500 IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADY, CHARLES 545 E, JOHN CARPENTER FWY., SUITE 1500 IRVING, TX 75062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LACHINE, TOM 545 E. JOHN CARPENTER FWY., SUITE 1500 IRVING, TX 75062
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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 confidency or the receiver or trustee empowered to execute this report as required by Chapter 608, plorida Statutes.

SIGNATURE:

R PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE