

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 22, 2007 8:00 am
Secretary of State**

01-22-2007 90144 039 ****50.00

DOCUMENT # L06000077968

1. Entity Name
MADERIA PARTNERS, L.L.C.



Principal Place of Business
**482 TARPON COURT
MARCO ISLAND, FL 34145**

Mailing Address

2. Principal Place of Business - No P.O. Box # **3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3940025	Applied For <input checked="" type="checkbox"/>
	Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEBSTER, RONALD S
979 NORTH COLLIER BLVD.
MARCO ISLAND, FL 34145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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, 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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WEBSTER, RONALD S
STREET ADDRESS 979 N. COLLIER BLVD.
CITY-ST-ZIP MARCO ISLAND, FL 34145

10. ADDITIONS/CHANGES

Delete Change Addition
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Delete
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

Change Addition
TITLE NAME
STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #

60004286



412-429
8833x24