



**2008 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000084050 1. Entity Name MAKADI FLORIDA LLC					
Principal Place of Business 60 EAST SIMPSON AVENUE JACKSON, WY 83001			Mailing Address P.O. BOX 2869 JACKSON, WY 83001		
2. Principal Place of Business - No P.O. Box # 1144 Augustine Rd Suite, Apt. #, etc. Daytona Beach City & State FL Zip 32114 Country USA		3. Mailing Address 1144 Augustine Rd Suite, Apt. #, etc. Daytona Beach City & State FL Zip 32114 Country USA		60019718 	
03302008 Chg-LLC CR2E083 (12/06)				4. FEI Number 20-5474553	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DETWEILER, GERRI 1037 GREYSTONE LANE SARASOTA, FL 34232			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME MAKADI USA LLC STREET ADDRESS P.O. BOX 2869 CITY-ST-ZIP JACKSON, WY 83001	<input checked="" type="checkbox"/> Delete		TITLE MGRM NAME Makadi Investments STREET ADDRESS P.O. Box 1042 Mona Vale CITY-ST-ZIP NSW 1660 Australia	<input checked="" 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	
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	
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: _____ 1 April 2008 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					