2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008
Secretary of State

DOCUMENT# L06000096608

Entity Name: MADB17, LLC

Current Principal Place of Business:

14135 HAPPY HILL ROAD
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2249
DADE CITY, FL 33526 22

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MADANI, SHEADA
37837 MERIDIAN AVENUE
SUITE 100
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MADANI, BEHROUZ
Address: 14135 HAPPY HILL ROAD
City-St-Zip: DADE CITY, FL 33525

Title: MGR ( ) Delete
Name: MADANI, CLAUDIA E
Address: 14135 HAPPY HILL ROAD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MADANI, BEHROUZ
Address: POST OFFICE BOX 2249
City-St-Zip: DADE CITY, FL 33526

Title: MGR (X) Change ( ) Addition
Name: MADANI, CLAUDIA E
Address: POST OFFICE BOX 2249
City-St-Zip: DADE CITY, FL 33526

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAUDIA MADANI MGR 04/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date