## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT** DOCUMENT # L06000113808 1. Entity Name MANIAC EINSTEIN, LLC Principal Place of Business Mailing Address 6759 SUGARBUSH DRIVE 6759 SUGARBUSH DRIVE ORLANDO, FL 32819 ORLANDO, FL 32819

## **FILED** Apr 16, 2008 08:00 A Secretary of State

## 02232008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-8026271 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORIO, WILLIAM J DO NOT WRITE 6759 SUGARBUSH DRIVE ORLANDO, FL 32819 IN THIS SPACE 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 *V000*000900771 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM CORIO, WILLIAM J NAME STREET ADDRESS 6759 SUGARBUSH DRIVE CITY-ST-ZIP ORLANDO, FL 32819 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

my

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