


FILED
Mar 12, 2008 8:00 am
Secretary of State

02-26-2008 90036 047 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000025480 1. Entity Name MAD PROPERTIES, LLC			
Principal Place of Business 1521 SE 36TH AVENUE, SUITE 1 OCALA, FL 34471		Mailing Address 1521 SE 36TH AVENUE, SUITE 1 OCALA, FL 34471	
2. Principal Place of Business - No P.O. Box # 121 SW 8th St.		3. Mailing Address 121 SW 8th St.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34471		Zip 34471	
Country USA		Country USA	
6. Name and Address of Current Registered Agent AUSLEY, KENNETH C 1521 SE 36TH AVENUE, SUITE 1 OCALA, FL 34471		7. Name and Address of New Registered Agent Name Todd M. Duffy Street Address (P.O. Box Number is Not Acceptable) 121 SW 8th St. City Ocala FL Zip Code 34471	
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 renaming) _____ DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$938.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	Manager Kenneth C. Ausley 1521 SE 36th Ave., Suite 1 Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	Manager Steve Ausley 1521 SE 36th Ave., Suite 1 Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	Todd M. Duffy Manager Todd M. Duffy 121 SW 8th St. Ocala, FL 34471	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	On Manager Barry M. Mansfield 112 NW 12th St. Ocala, FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<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: <u>Kenneth C. Ausley</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		2-21-08 (352) 266 <small>Date Daytime Phone #</small>	

30001949



02212008 Chg-LLC CR2E083 (12/08)

FEL Number **20-8915376**

Applied For
 Not Applicable

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

ATTACHMENT

30001949

MAD PROPERTIES, LLC
121 S.W. 8TH STREET
Ocala, FL 34471-0950-624-1079 FAX # 352-624-0925

March 10, 2008

DIVISION OF CORPORATIONS
P O BOX 6478
TALLAHASSEE FL 32314

REF: L07000025480

Dear Sir or Madam:

I have received the copy of the Annual Report and have filled in Box 4, Federal Identification number for MAD Properties, LLC. As per your letter, you have already received our check for the filing of this report.

Please file the completed 2008 Annual Report with the FEIN number inserted into the form. I apologize for any confusion this has caused. If there is any other information that is required, please do not hesitate to call.

Thank you for your assistance.

Sincerely yours,

Zsuzsanna A. Jobbagy

Zsuzsanna A. Jobbagy
Office Manager

Enclosures: 2008 Report Completed; Letter dated 3/04/2008

fl dept state_2008 annual report_03102008.doc