

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056493

Entity Name: BRITISH MAD HATTERS LLC

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

662 SE MONTEREY ROAD  
STUART, FL 34994

**New Principal Place of Business:**

5080 SW 6TH PLACE  
MARGATE, FL 33068

662 SE MONTEREY ROAD  
STUART, FL 34994

FEI Number: 11-3814037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TAYLOR-JONES, SHERRIE  
5080 SW 6TH PLACE  
MARGATE, FL 33068 US

**Name and Address of New Registered Agent:**

TAYLOR-JONES, SHERRIE  
662 SE MONTEREY RD  
STUART, FL 34994 US

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:

04/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TAYLOR-JONES, GRAHAM R  
Address: 5080 SW 6TH PLACE  
City-St-Zip: MARGATE, FL 33068

Title: MRGM ( ) Delete  
Name: TAYLOR-JONES, SHERRIE  
Address: 5080 SW 6TH PLACE  
City-St-Zip: MARGATE, FL 33068

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR-JONES, SHERRIE  
Address: 662 SE MONTEREY RD  
City-St-Zip: STUART, FL 34994

Title: MRGM (X) Change ( ) Addition  
Name: TAYLOR-JONES, GRAHAM R  
Address: 662 SE MONTEREY RD  
City-St-Zip: STUART, FL 34994

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: SHERRIE TAYLOR-JONES

MRS

04/24/2008

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