

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000056493

FILED
Apr 24, 2008
Secretary of State

Entity Name: BRITISH MAD HATTERS LLC

Current Principal Place of Business:

662 SE MONTEREY ROAD
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

5080 SW 6TH PLACE
MARGATE, FL 33068

New Mailing Address:

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