

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086886

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** MAULORICO MCFADDEN HOLDING CO., L.L.C.

**Current Principal Place of Business:**

3825 HENDERSON BLVD., SUITE 208  
TAMPA, FL 33629

**New Principal Place of Business:**

5050 SOUTH FLORIDA AVE  
SUITE 2  
LAKELAND, FL 33813

**Current Mailing Address:**

3825 HENDERSON BLVD., SUITE 208  
TAMPA, FL 33629

**New Mailing Address:**

5050 SOUTH FLORIDA AVE  
SUITE 2  
LAKELAND, FL 33813

**FEI Number:** 26-1138635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVEN W. MOORE, P.A.  
8200 BRYAN DAIRY ROAD, SUITE 300  
LARGO, FL 33777 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: MAULORICO, RALPH B  
Address: 3825 HENDERSON BLVD., SUITE 208  
City-St-Zip: TAMPA, FL 33629

Title: MGR ( ) Delete  
Name: MCFADDEN, GREGORY L  
Address: 3825 HENDERSON BLVD., SUITE 208  
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RALPH B MAULORICO

MGR

04/08/2008

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