

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113806

Entity Name: PLAY LIKE MAD LTD CO

FILED
May 09, 2008
Secretary of State

Current Principal Place of Business:

7311 N. NATHAN PT
CRYSTAL RIVER, FL 34428

New Principal Place of Business:

Current Mailing Address:

7311 N. NATHAN PT
CRYSTAL RIVER, FL 34428

New Mailing Address:

FEI Number: 26-1383274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KORTENDICK, MARK
7311 N. NATHAN PT
CRYSTAL RIVER, FL 34428 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KORTENDICK, MARK
Address: 7311 N. NATHAN PT
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: MGRM () Delete
Name: ABERG, PATRICIA
Address: 1442 N. MARS
City-St-Zip: WICHITA, KS 67212

Title: MGRM () Delete
Name: SCHREIBER, LINDA
Address: 18879 64TH AVE
City-St-Zip: CHIPPEWA FALLS, WI 54729

ADDITIONS/CHANGES:

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

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: MARK KORTENDICK

MGR

05/09/2008

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