2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048786

Name:

Address:

City-St-Zip:

RIVERO, JESSICA

CORAL GABLES, FL 33134

1313 PONCE DE LEON BLVD., SUITE 201

Entity Name: MADORI MANAGEMENT, LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1313 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, FL 33134 **New Mailing Address: Current Mailing Address:** 1313 PONCE DE LEON BLVD. SUITE 201 CORAL GABLES, FL 33134 FEI Number: 26-2662859 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROZENCWAIG, NADEL & FERRERO-CARR, LLP RIVERO, MANUEL L 301 W. HALLANDALE BEACH BLVD. 1313 PONCE DE LEON BLVD. HALLANDALE BEACH, FL 33009 SUITE 201 CORAL GABLES, FL 33134 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: MANUEL L. RIVERO 03/20/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete RIVERO, MANUEL L Name: Name: 1313 PONCE DE LEON BLVD., SUITE 201 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition RIVERO, DOLORES Name: Name: Address: 1313 PONCE DE LEON BLVD., SUITE 201 Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition RIVERO, MANUEL Name: Name: 1313 PONCE DE LEON BLVD., SUITE 201 Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGR () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: MANUEL L. RIVERO MGR 03/20/2009