

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110462

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: MADBRYN ENTERPRISES L.L.C.

**Current Principal Place of Business:**

9492 OAK GROVE CIR.  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

9492 OAK GROVE CIR.  
DAVIE, FL 33328

**New Mailing Address:**

11322 MITSCHER STREET  
KENSINGTON, MD 20895

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COACHING SERVICES INCORPORATION  
9492 OAK GROVE CIR.  
DAVIE, FL 33328 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: MGRM ( ) Delete  
Name: FELLER, FILIP G  
Address: 9492 OAK GROVE CIR.  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: FELLER, BARBARA E  
Address: 9492 OAK GROVE CIR.  
City-St-Zip: DAVIE, FL 33328

Title: MGR ( ) Delete  
Name: FELLER, STEPHEN I  
Address: 1418 AVON LANE APT 2-28  
City-St-Zip: NORTH LAUDERDALE, FL 33068

**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: FILIP G. FELLER

MGRM

03/20/2009

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