

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000000867

1. Entity Name
MADDUX REPORT, L.C.



Principal Place of Business 146 2ND STREET N SUITE 205 ST PETERSBURG, FL 33701	Mailing Address P.O. BOX 202 ST PETERBURG, FL 33731
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3518621	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**MADDUX, D. CARLEN MGR
 146 2ND STREET N
 SUITE 205
 SAINT PETERSBURG, FL 33701**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$338.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MADDUX, D. CARLEN 146 2ND ST N., #205 ST PETERSBURG, FL 33701
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 04/09/08-80015-020/138.75

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  **3.20.08** **727.823.4394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CARLEN MADDUX