2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000003356

1. Entity Name
JONES, MADDEN & GROSSO, PLC

Principal Place of Business	Mailing Address
789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994	789 SOUTH FEDERAL HIGHWAY, SUITE 310 STUART, FL 34994

DO NOT WRITE IN THIS SPACE

04182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-0929591

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GROSSO, JOSEPH D JR.
789 S. FEDERAL HWY
STE 310
STUART, FL 34994

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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 reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000524505
05/03/06-80115-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JOHN W. MADDEN, P.A.
STREET ADDRESS	789 S. FEDERAL HWY., STE. 310
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGRM
NAME	JOSEPH D. GROSSO, JR., P.A.
STREET ADDRESS	789 S. FEDERAL HWY, STE. 310
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: JWMadden John Madden 4-18-06 (772) 220-3076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #