# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # M04000002299

MADAMI INTERNATIONAL, LLC



05 SEP 13 AM 10: 21

Principal Place of Business

1310 SOUTH ELMIRA RUSSELLVILLE, AR 72802 Mailing Address

1310 SOUTH ELMIRA RUSSELLVILLE, AR 72802



### DO NOT WRITE IN THIS SPACE

07192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 64-0920593 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee.Required.

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331

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	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both, in the	e State of Florida. I am familiar with, and accept
SIGNATURE.			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE
Due I	ling Fee is \$50.00 by September 7, 2005 MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCMAHEN, WILLIAM D 1310 SOUTH ELMIRA RUSSELLVILLE, AR 72802	200 09/19/03	200059749422 09/19/0501059013 **50.00
TITLE	MGR		

STREET ADDRESS 1485 LIVINGSTON LANE CITY-ST-ZIP JACKSON, MS 39213 TITLE NAME STREET ADDRESS

ROBINSON, KENNETH M

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME

CITY-ST-ZIP

NAME

STREET ADDRESS CITY-ST-7IP 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 exemption stated in Section 119.07(3)(i), 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.

Daytime Phone #