

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90027 003 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT # L03000039247</b>                     |  |
| 1. Entity Name<br><b>MADISON ASSETS GROUP, LLC</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>4409 W LEONA ST<br/>TAMPA FL 33629</b> | Mailing Address<br><b>4409 W LEONA ST<br/>TAMPA FL 33629</b> |
|--|--|



|                                |         |  |            |
|--------------------------------|---------|--|------------|
| 2. Principal Place of Business |         | 3. Mailing Address                             |            |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. <i>1026 Orangeview Dr.</i> |            |
| City & State                   |         | City & State <i>Brandon, FL</i>                |            |
| Zip                            | Country | Zip  | Country    |
| <i>33511</i>                   |         | <i>33511</i>                                   | <i>USA</i> |

1st MOORE CR2E083 (10/04)

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent                  |  | 7. Name and Address of New Registered Agent        |  |
| <b>MAYNARD, CHARLES V<br/>4409 W LEONA ST<br/>TAMPA FL 33629</b> |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City   |  |
|  |  | Zip Code <b>FL</b>                                 |  |

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b>                        |  |
| <b>Make Check Payable to Florida Department of State</b> |  |
| <b>Due By May 1, 2005</b>                                |  |

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>MAYNARD, CHARLES V<br/>4409 W LEONA ST<br/>TAMPA FL 33629</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

**SIGNATURE:** *[Signature]* **4-23-05**

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