


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90159 031 ****50.00

DOCUMENT # L04000036227		
1. Entity Name MADISON SOUTH, LLC		

Principal Place of Business 1541 SUNSET DRIVE SUITE 201 CORAL GABLES, FL 33143	Mailing Address 1541 SUNSET DRIVE SUITE 201 CORAL GABLES, FL 33143
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20015201



2. Principal Place of Business 4141 NE 2nd AVE Suite, Apt. #, etc. 200 A City & State MIAMI, FL Zip 33137 Country USA	3. Mailing Address 4141 NE 2nd AVE Suite, Apt. #, etc. 200 A City & State MIAMI, FL Zip 33137 Country USA
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02212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 13-4281200	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NIERENBERG, ANDREW J ESQ. 1500 SAN REMO AVENUE SUITE 125 CORAL GABLES, FL 33146	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, RICHARD & CAMILE ASTBYE 1541 SUNSET DRIVE, STE. 201 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSEN, RICHARD & CAMILE ASTBYE 4141 NE 2 AVE/200-A MIAMI, FL 33127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLANINKA, PAUL & DEBORAH ASTBYE 1541 SUNSET DRIVE, STE. 201 CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLANINKA, PAUL & DEBORAH ASTBYE 4141 NE 2 AVE/200-A MIAMI, FL 33127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Richard Rosen Richard ROSEN 2/21/05 305-573-3184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone