2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000066203

1. Entity Name
MADISON MANAGEMENT LLC

FILED
06 OCT 13 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10122006 REIN-LLC CR2E101 (11/05)

Principal Place of Business	Mailing Address
C/O WILLIAM A. WIENER 2000 NORTH OCEAN BOULEVARD, SUITE 501 BOCA RATON, FL 33431	C/O WILLIAM A. WIENER 2000 NORTH OCEAN BOULEVARD, SUITE 501 BOCA RATON, FL 33431

2. Principal Place of Business	3. Mailing Address
500 EAST BROWARD BLVD.	500 EAST BROWARD BLVD.
Suite, Apt. #, etc. SUITE 1950	Suite, Apt. #, etc. SUITE 1950
City & State FORT LAUDERDALE, FL	City & State FORT LAUDERDALE, FL
Zip / Country 33394 / USA	Zip / Country 33394 / USA

4. FEI Number
13-3915848
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIENER, WILLIAM A
2000 NORTH OCEAN BOULEVARD, SUITE 501
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
MOMBACH, GEOFFREY S.
Street Address (P.O. Box Number is Not Acceptable)
MOMBACH, BOYLE & HARDIN, P.A.
500 EAST BROWARD BOULEVARD, SUITE 1950
City FORT LAUDERDALE, **FL** Zip Code 33394

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 Geoffrey S. Mombach — Oct. 12, 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WIENER, WILLIAM A 2000 NORTH OCEAN BOULEVARD, SUITE 501 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WIENER, WILLIAM A. 500 EAST BROWARD BLVD., STE 1950 FORT LAUDERDALE, FL 33394	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200080954452 10/18/06--01051--008 **150.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 2006	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: CONRAD J. BOYLE, ATTY. Oct. 12, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #