2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Mar 27, 2007 8:00 am Secretary of State **DOCUMENT # L05000065177** 03-27-2007 90195 030 ****50.00 MADISON BEAR RANCH, LLC Mailing Address Principal Place of Business 1194 MARINER BLVD 1194 MARINER BLVD SPRING HILL, FL 34609 SPRING HILL, FL 34609 US 2. Principal Place of Business - No P.O. Box 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 Chg-LLC CR2E083 (12/06) 4. FEI Number City & State Applied For 20-3113919 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BATISTA, JOHN 1194 MARINER BLVD SPRING HILL, FL 34609 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. Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM NGP TITLE ☐ Delete TITLE ☐ Addition BATISTA, JOHN NAME NAME 1194 MARINER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-7P SPRING HILL, FL 34609 CITY-ST-ZIP **MGRM** ☐ Delete Addition TITLE TITLE **Change** BATISTA, THERESA NAME NAME 1194 MARINER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP TITLE Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED