

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002417

FILED
Mar 12, 2008
Secretary of State

Entity Name: MADISON FINANCIAL ADVISORS, LTD., LLC

Current Principal Place of Business:

2010 MADISON ROAD, SUITE 200
CINCINNATI, OH 45208

New Principal Place of Business:

Current Mailing Address:

2010 MADISON ROAD, SUITE 200
CINCINNATI, OH 45208

New Mailing Address:

FEI Number: 31-1725548

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCDERMOTT, JAMES R
Address: 11921 FREEDOM DRIVE, SUITE 550
City-St-Zip: RESTON, VA 20190

Title: MGR () Delete
Name: BASHER, CEM
Address: 2010 MADISON ROAD, SUITE 200
City-St-Zip: CINCINNATI, OH 45208

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BASHER, CERN
Address: 2010 MADISON ROAD, SUITE 200
City-St-Zip: CINCINNATI, OH 45208

Title: MGR () Change (X) Addition
Name: HENNING, ALAN
Address: 2010 MADISON ROAD, SUITE 200
City-St-Zip: CINCINNATI, OH 45208

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CERN BASHER

MGR

03/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date