


2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

APR 02 2007
FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # A03000000536 1. Entity Name MADISON MANOR, LTD.	
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Principal Place of Business 615 CRESCENT EXECUTIVE COURT, STE. 12 LAKE MARY FL 32803	Mailing Address 615 CRESCENT EXECUTIVE COURT, STE. 12 LAKE MARY FL 32803
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E003 (10/06)

4. FEI Number 02-0687022	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAY, N. DWAYNE JR 201 EAST PINE STREET, SUITE 500 ORLANDO FL 32801

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.

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L03000011771 MADISON MANOR, LLC 615 CRESCENT EXECUTIVE COURT, STE. 120 LAKE MARY FL 32746	STREET ADDRESS CITY - ST - ZIP	000000727527 05/04/07-80051-003 500.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	L01000021343 VESTOCR PARTNERS XXVII, LLC 3020 HARTLEY ROAD, STE. 300 JACKSONVILLE FL 32257	STREET ADDRESS CITY - ST - ZIP	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE