FILED 2007 08:00 A etary of State

Applied For Not Applicable

2007 LIMITED PARTNERSHIP ANI Due By May 1, 2007	May 01, 2007 (Secretary of			
DOCUMENT #A10728				
1. Entity Name SOUTHERN VILLAS OF MADISON, LTD.				
	PAKS COURT, SUITE 1 FL 32224-9667	_		
DO NOT WRITE IN THIS SPAC		01102007 No Chg-LP CR2E003 (12/06)		
DO NOT WRITE IN THIS		4. FEI Number 59-2233544		Applied F Not Appli
•	ž	5. Certificate of Status Desired		8.75 Additional ee Required
6. Name and Address of Current Registered Agent			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
HARDIN, JENNIFER L 4315 PABLO OAKS COURT, SUITE 1		DO NOT WI	RITE	
JACKSONVILLE, FL 32224-9667		IN THIS SPA	ACE	
The above named entity submits this statement for the purpose of char	nging its registered office or registe	ered agent, or both, in the State of Flori	ida. I am far	miliar with, and ac

miliar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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						
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STOKES, E CHESTER JR 4315 PABLO OAKS COURT, SUITE 1 JACKSONVILLE, FL 322249667				
-	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP					
1 1	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					
1 2	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP					

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DO NOT WRITE IN THIS SPACE

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 employee at the second that report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER