

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006514

Entity Name: MADWAY, L.L.C.

FILED  
Jan 09, 2004  
Secretary of State

**Current Principal Place of Business:**

2608 CRESCENT LAKE COURT  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

2608 CRESCENT LAKE COURT  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 59-3718453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMALLEY, WAYNE  
2608 CRESCENT LAKE COURT  
WINDERMERE, FL 34786

**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/MEMBERS:**

Title: MGR ( ) Delete  
Name: SMALLEY, WAYNE  
Address: 2608 CRESCENT LAKE COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR ( ) Delete  
Name: SMALLEY, MADELEINE J  
Address: 2608 CRESCENT LAKE COURT  
City-St-Zip: WINDERMERE, FL 34786

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMALLEY, WAYNE  
Address: 2608 CRESCENT LAKE COURT  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM (X) Change ( ) Addition  
Name: SMALLEY, MADELEINE J  
Address: 2608 CRESCENT LAKE COURT  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: WAYNE SMALLEY

MRGM

01/09/2004

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