


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000011886 1. Entity Name MADEIRA ISLAND PROPERTIES, L.L.C.	
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Principal Place of Business 160 TONEY PENNA DRIVE STE 1 JUPITER FL 33458	Mailing Address 160 TONEY PENNA DRIVE STE 1 JUPITER FL 33458
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent

**GIRVIN, D R
1080 EAST INDIANTOWN RD, STE 102
JUPITER FL 33477**

4. FEI Number **26-1947800** Applied For Not Applied

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

1100000404472
02/07/06-80001-010 50.00

9. MANAGING MEMBERS / MANAGERS	
TITLE: MGR <input type="checkbox"/> Delete NAME: SARDINHA, FRANK STREET ADDRESS: P.O. BOX 7127 CITY-ST-ZIP: JUPITER FL 33468-7127	
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10. ADDITIONS / CHANGES	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Add
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Frank Sardinha 24 Jan 06 5617468411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #