


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000013663	
1. Entity Name MADISON INVESTORS, LLC	

Principal Place of Business 506 MANCHESTER EXPRESSWAY, STE. B-5 COLUMBUS, GA 31904	Mailing Address 506 MANCHESTER EXPRESSWAY, STE. B-5 COLUMBUS, GA 31904
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02192004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2096839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 EAST VIRGINIA ST., STE. 1 TALLAHASSEE, FL 32301

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

000035556200
05/06/04--01019--011 **200.00

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COST, KENT 506 MANCHESTER EXPRESSWAY, B5 COLUMBUS, GA 31904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V REDDING, MELTON 506 MANCHESTER EXPRESSWAY, B5 COLUMBUS, GA 31904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CULBRETH, RONNIE 506 MANCHESTER EXPRESSWAY, B5 COLUMBUS, GA 31904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date _____ <small>Daytime Phone # _____</small>