

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013663

Entity Name: MADISON INVESTORS, LLC

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

506 MANCHESTER EXPRESSWAY, STE. B-5
COLUMBUS, GA 31904

New Principal Place of Business:

Current Mailing Address:

506 MANCHESTER EXPRESSWAY, STE. B-5
COLUMBUS, GA 31904

New Mailing Address:

FEI Number: 58-2096839

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA ST., STE. 1
TALLAHASSEE, FL 32301 US

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/MANAGERS:

Title: MGR () Delete
Name: COST, KENT
Address: 506 MANCHESTER EXPRESSWAY, B5
City-St-Zip: COLUMBUS, GA 31904

Title: MGR () Delete
Name: REDDING, MELTON
Address: 506 MANCHESTER EXPRESSWAY, B5
City-St-Zip: COLUMBUS, GA 31904

Title: MGRM () Delete
Name: CULBRETH, RONNIE
Address: 506 MANCHESTER EXPRESSWAY, B5
City-St-Zip: COLUMBUS, GA 31904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: RONNIE CULBRETH

MGR

04/13/2007

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