2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000013663

1. Entity Name

MADISON INVESTORS, LLC



FILED May 09, 2003 8:00 A.M. Secretary of State

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Principal Plac	ce of Business	Mailing Addres	6							
506 MMNCHESTER EXPRESSWAY, STE. 8-5 COLUMBUS GA 31904		••••	506 MANCHESTER EXPRESSWAY, STE. B-5 COLUMBUS GA 31904							
J.					1 12 6 11 2 11 2 11	 	101 3310 1 31 381 11	12 0 3 221 0 1	ENAM HALAND	
2. Principal Place of Business		3. Mailing Addre	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State			58-2096839	Applied For Not Applicable			}
Zip Country		Zip	Zip Country		5. Certificate of S	itatus Desired	S5.00 Additional Fee Required			
	6. Name and Address o	f Current Registered Agent	jistered Agent			7. Name and Address of New Registered Agent				
				Name						
417	PITAL CONNECTION, INC. ' EAST VIRGINIA ST., STE LAHASSEE FL 32301				Street Address (P.O. Box Number is Not Acceptable)					
IAL	DATIASSEE FL 32301	·		0::			1 -			
				City	•		r	ip Cod		
8. The above the obligat	named entity submits this stations of registered agent.	atement for the purpose of cha	inging its re	gistered office or re	egistered agent, or both, in	the State of Florida	a. I am familia	ar with,	and accept	
SIGNATURE	Signature, typed or printed name of regi	istered agent and title if applicable	(NOTE: R	Registered Agent signature	required when reinstating)		DATE			
	and the second s									1
		Make Check	Payable	V!!! FEE IS \$56 to Florida Depa By May 1, 2003	0.00 Irtment of State 25/0	301707 1301015	7808 031 **	3 200.	00	
9.	MANAGIN	G MEMBERS/MANAGERS		10.	<u></u>	ADDITIONS/CH	IANGES			1
TITLE	Р	□ D ₀	lete	TITLE				hange	Addition	ŝ
NAME	COST, KENT			NAME						10
STREET ADDRESS 506 MANCHESTER EXPRESSWAY, B5			STREET ADDRESS			•			é	
CITY-ST-ZIP	COLUMBUS GA 31904			CITY-ST-ZIP						ij
TITLE	V	☐ De	lete	TITLE				hange	Addition	Ö
NAME STREET ADDRESS	TEDDING, INCETON			NAME STORET ADDRESS						ļ
300 MANCHESTEN EAPRESSWAT, DS			STREET ADDRESS CITY-ST-ZIP							
TITLE	COLUMBUS GA 31904									
NAME	MGRM	□ De	lete	TITLE NAME			Lit	hange	Addition	
STREET ADDRESS	CULBRETH, RONNIE 506 MANCHESTER EXI	DDECCIMAN DE		STREET ADDRESS					-	
CITY-ST-ZIP	COLUMBUS GA 31904			CITY-ST-ZIP						
TITLE	GOLDINGUG CA S 1354	□ De	lete	TITLE				hange	☐ Addition	
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE		☐ De	lete	TITLE				hange	☐ Addition	
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
TITLE		☐ De	lete	TITLE				hange	☐ Addition	
NAME STREET ADDRESS				NAME CIDEET ADDRESS						
STREET ADDRESS CITY-ST-ZIP				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.

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