

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90587 001 ***330.00

DOCUMENT # L01000015495

1. Entity Name
MADISON I, LLC ✓

Principal Place of Business 1555 PALM BEACH LAKES BLVD. SUITE 1208 WEST PALM BEACH FL 33401	Mailing Address 1555 PALM BEACH LAKES BLVD. SUITE 1208 WEST PALM BEACH FL 33401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 500 AUSTRALIAN AVE SUITE 120 WEST PALM BCH, FL	3. Mailing Address 500 AUSTRALIAN AVE SUITE 120 WEST PALM BCH, FL
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City & State WEST PALM BCH, FL	City & State WEST PALM BCH, FL	4. FEI Number 59-6785642	Applied For <input type="checkbox"/> Not Applicable
Zip 33401	Country USA	Zip 33401	Country USA

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

6. Name and Address of Current Registered Agent

**KAHLERT, HERBERT F
 1555 PALM BEACH LAKES BLVD.
 SUITE 1208
 WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name
KAHLERT, HERBERT F.
 Street Address (P.O. Box Number is Not Acceptable)
**500 AUSTRALIAN AVE
 SUITE 120**
 City
WEST PALM BEACH FL Zip Code
33401

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.

SIGNATURE **MAILING ADDRESS ONLY CHANGED**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHLERT, HERBERT F 180 PERIWINKLE DR. HYPOLUXO, FL 33462 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KAHLERT, KARL 732-2 N.E. 12TH TERR. BOYNTON BCH, FL 33495 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **REQUIRED**

4-3-2

CR2E083 (9/01)