

# 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**

2. Principal Place of Business

**500 AUSTRALIAN AVE**

3. Mailing Address

**500 AUSTRALIAN AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE 120**

**SUITE 120**

City & State

City & State

**WEST PALM BCH, FL**

**WEST PALM BCH, FL**

Zip

Zip

Country

Country

**33401**

**USA**

**33401**

**USA**

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	TD KAHLERT, HERBERT F 180 PERIWINKLE DR. HYPOLEXO, FL 33402	<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
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

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)