

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 12, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L01000017670**

**1. Entity Name  
THE MADISON GROUP, LLC**



**Principal Place of Business  
380 BELLE POINT DRIVE  
ST. PETE BEACH, FL 33706**

**Mailing Address  
380 BELLE POINT DRIVE  
ST. PETE BEACH, FL 33706**



**01102005No Chg-LLC**

**CR2E083 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
74-3018955**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**FULLER, WINSLOW H  
380 BELLE POINT DRIVE  
ST. PETE BEACH, FL 33706**

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME —  
STREET ADDRESS MAPLE STREET MANAGEMENT, INC.  
CITY - ST - ZIP 380 BELLE POINT DRIVE  
ST. PETE BEACH, FL 33706**

**TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP**

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STREET ADDRESS  
CITY - ST - ZIP**

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CITY - ST - ZIP**

**U000000178992  
01/12/05-80051-016 55.00**

**DO NOT WRITE  
IN THIS SPACE**

**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.**

*Winslow H. Fuller, president Maple Street Management, Inc.*

**SIGNATURE:**

*Winslow H. Fuller*

**1-10-05**

**727-698-7402**

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

Date

Daytime Phone #