

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 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



01072007 No Chg-LLC

CR2E083 (11/05)

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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000000582152  
01/11/07-80020-010 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Winslow H. Fuller President of Maple Street Mgt. Inc. 1-8-07 727-367-2424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #