


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000031474 1. Entity Name MADISON II, LLC	
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Principal Place of Business 16009 NORTH FLORIDA AVENUE LUTZ, FL 33549	Mailing Address 16009 NORTH FLORIDA AVENUE LUTZ, FL 33549
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DO NOT WRITE IN THIS SPACE



05012006 No Chg-LLC_ CR2E083 (11/05)

4. FEI Number 20-2169428	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KROVOLDN, RENE
16009 N FLORIDA AVE
LUTZ, FL 33549

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable


**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MASAOOD, HUMAID 16009 N. FLORIDA AVE. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MASAOOD, HUMAID 16009 N. FLORIDA AVE. LUTZ, FL 33549
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05/19/06-80041-013 50.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____