2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 10, 2008 8:00 am Secretary of State DOCUMENT #L03000008271 03-10-2008 90338 003 ***138.75 1. Entity Name MADISON, LLC Principal Place of Business Mailing Address 13777 BELCHER ROAD SOUTH 13777 BELCHER ROAD SOUTH LARGO, FL 33771 LARGO, FL 33771 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FFI Number 02-0686736 Not Applicable Zìp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent PIAZZA, JOHN J 13777 BELCHER RD S Street Address (P.O. Box Number is Not Acceptable) LARGO, FL 33771 City Zip Code FL 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 . 4,8 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to. Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Defete TITLE ☐ Channe ☐ Addition PIAZZA, JOHN J SR NAME NAME STREET ADDRESS STREET ADDRESS 13777 BELCHER ROAD SOUTH CITY-ST-ZIP CITY-ST-ZIP LARGO, FL 33771 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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JOHN J. PIAZZA. ST. 727-726-3310

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.

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