2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APR FREEDO Apr 23, 2007 08:00 Al Secretary of State DOCUMENT # L03000011771 1. Entity Name MADISON MANOR, LLC Principal Place of Business Mailing Address 615 CRESCENT EXECUTIVE COURT, STE. 12 615 CRESCENT EXECUTIVE COURT, STE. 12 LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & Stato 4. FEI Number Applied For 20-0464864 Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo GRAY, N. DWAYNE JR, ESQ Street Address (P.O. Box Number is Not Acceptable) GREENSPOON, MARDER, HIRSCHFELD, ET AL 201 EAST PINE STREET, SUITE 500 ORLANDO FL 32801 City Zip Code 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, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when reunstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007. MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE Delete ☐ Addition MGR NAME BORCK, TODD L STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, STE. 120 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LAKE MARY FL 32746 IIILLE MGR ☐ Defete ☐ Addition NAME WOLF, JONATHAN L. STREET ADDRESS STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, SUITE 120 CHY+SI-7IP CITY+ST-ZIP LAKE MARY FL 32746 Delete THE MGR ШШ ☐ Change ☐ Addition NAME NAME LAW. PATRICK E STREET ADDRESS STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, SUITE 120 CITY-SI-ZIP CITY-ST-ZIP LAKE MARY FL 32746 U0000072391(Change TELLE TITLE ☐ Defete ☐ Addition ΝΑΜΓ NAME 05/02/07-80090-011 50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IJŤιΓ ☐ Delete DITLE ☐ Change Addition | NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes.

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