


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90037 023 \*\*\*143.75

<b>DOCUMENT # L03000011785</b> 1. Entity Name <b>MADISON HEIGHTS, LLC</b>	
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Principal Place of Business <b>615 CRESCENT EXECUTIVE COURT, SUITE 120 LAKE MARY, FL 32746</b>	Mailing Address <b>615 CRESCENT EXECUTIVE COURT, SUITE 120 LAKE MARY, FL 32746</b>
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**60009804**



01102008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0761991</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  <b>GRAY, N. DWAYNE JR. ESQ GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS 201 EAST PINE STREET SUITE 500 ORLANDO, FL 32801</b>
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**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BORCK, TODD L 615 CRESCENT EXECUTIVE COURT, SUITE 120 LAKE MARY, FL 32746</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LAW, PATRICK E 615 CRESCENT EXECUTIVE COURT, SUITE 120 LAKE MARY, FL 32746</b>
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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:** 

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

**2/19/8**

Date

Daytime Phone #