


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90045 013 \*\*\*\*50.00

DOCUMENT # L03000030309		
1. Entity Name MADISON PROPERTY MANAGEMENT, LC		

Principal Place of Business 1101 BRICKELL AVENUE SUITE 900 NORTH TOWER MIAMI, FL 33131	Mailing Address 1101 BRICKELL AVENUE SUITE 900 NORTH TOWER MIAMI, FL 33131
---	---

20040000

2. Principal Place of Business 4000 Hollywood Blvd. Suite, Apt. #, etc. Suite 375 South City & State Hollywood, FL Zip 33021 Country USA	3. Mailing Address 4000 Hollywood Blvd. Suite, Apt. #, etc. Suite 375 South City & State Hollywood, FL Zip 33021 Country USA
---	---



04262006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent VOVA, PHILIP S 1101 BRICKELL AVENUE SUITE 900 NORTH TOWER MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Philip S. Vova Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Boulevard Suite 375 South City Hollywood FL Zip Code 33021
---	---

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.

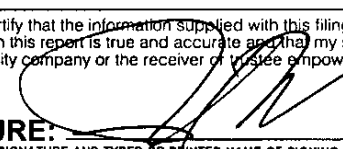
SIGNATURE  Philip S. Vova DATE 4/28/06

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

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, JOSE 1101 BRICKELL AVE., SUITE 900 N MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSE FERNANDEZ, Suite 375 South 4000 Hollywood Blvd, Suite 375 South Hollywood, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the company or the receiver of the company empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  Philip S. Vova, Atty DATE 4/28/06 (954) 966-1598

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