

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L03000033055



1. Entity Name  
MADEIRA WAY PARTNERSHIP, LLC.

Principal Place of Business  
16429 SPRING VALLEY ROAD  
DADE CITY, FL 33523

Mailing Address  
16429 SPRING VALLEY ROAD  
DADE CITY, FL 33523

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip      Country      Zip      Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip      Country      Zip      Country

6. Name and Address of Current Registered Agent

MURPHY, DAVID J ESQ  
14217 THIRD STREET  
DADE CITY, FL 33523-3828

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARNES, LARRY M		NAME	
STREET ADDRESS	16429 SPRING VALLEY ROAD		STREET ADDRESS	
CITY-ST-ZIP	DADE CITY, FL 33523		CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROADERICK, ARTHUR		NAME	
STREET ADDRESS	146 BOARDWALK PLACE		STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BEACH, FL 33708		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

LARRY M. STARNES

SIGNATURE:

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

7/13/04

Date

Daytime Phone #

**FILED  
Jul 16, 2004 8:00 am  
Secretary of State**

07-16-2004 90141 039 \*\*\*\*50.00

14025812



07132004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**71-0969127**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required