## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000033055

1. Entity Name

MADEIRA WAY PARTNERSHIP, LLC.



Mailing Address

16429 SPRING VALLEY ROAD DADE CITY, FL 33523

Principal Place of Business

16429 SPRING VALLEY ROAD DADE CITY, FL 33523

## **FILED** Jan 12, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

CR2E083 (11/05) 01092006 No Chg-LLC

4. FEI Number 71-0969127 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

## DO NOT WRITE \_ IN THIS SPACE

The above named entity submits this statement for the purpose of cha	To the said of the	to the state of th
<ol> <li>the above named entity submits this statement for the purpose of characteristics of registered agent.</li> </ol>	anging its registered office or registered agent, or doth, in the s	tate of Florida. I am familiar with, and accep
SIGNATURE		
Signature, typed or printed name of registered agent and title it applicable.	(NOTE, Registered Agent signature required when reinstaling)	DATE
Filing Fee is \$50.00		· · · · · · · · · · · · · · · · · · ·

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS G(TY-ST-ZIP TITLE NAME STREET ADDRESS	MGRM STARNES, LARRY M 16429 SPRING VALLEY ROAD DADE CITY, FL 33523 MGRM BROADERICK, ARTHUR 146 BOARDWALK PLACE	U00000384198 91/17/06-80002-006 50.00
ETTY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP	MADEIRA BEACH, FL 33708	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 empoyered to execute this report as required by Chapter 603, Florida Statutes.

SIGNATURE: