2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000033055

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 22, 2007 08:00 AM **Secretary of State**



01172007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number 71-0969127 Not Applicable \$5.00 Additional

5. Certificate of Status Desired

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 the obligations of registered agent.	inging its registered office or registered agent, or bo	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee is \$50.00 Due by May 1, 2007

000000597866 01/24/07-80053-007 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME	MGRM STARNES, LARRY M
STREET ADDRESS	16429 SPRING VALLEY ROAD
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	MGRM
NAME	BROADERICK, ARTHUR
STREET ADDRESS	146 BOARDWALK PLACE
CITY-ST-ZIP	MADEIRA BEACH, FL 33708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	·
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	•
STREET ADDRESS	
CITY-ST-ZIP	
44 I horoby	and About the fifther and an arrangement of the state of

DO NOT WRITE IN THIS SPACE

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. 352-

SIGNATURE:

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davilme Phone #