

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033055

FILED
Feb 08, 2009
Secretary of State

Entity Name: MADEIRA WAY PARTNERSHIP, LLC.

Current Principal Place of Business:

16429 SPRING VALLEY ROAD
DADE CITY, FL 33523

New Principal Place of Business:

2910 PELHAM RD. NO.
ST PETE., FL

Current Mailing Address:

16429 SPRING VALLEY ROAD
DADE CITY, FL 33523

New Mailing Address:

2910 PELHAM RD. NO.
ST PETE., FL 33710

FEI Number: 71-0969127

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURPHY, DAVID J ESQ
14217 THIRD STREET
DADE CITY, FL 335233828 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STARNES, LARRY M
Address: 16429 SPRING VALLEY ROAD
City-St-Zip: DADE CITY, FL 33523

Title: MGRM () Delete
Name: BROADERICK, ARTHUR
Address: 146 BOARDWALK PLACE
City-St-Zip: MADEIRA BEACH, FL 33708

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROADERICK, ARTHUR W
Address: 2910 PELHAM RD. NO.
City-St-Zip: ST PETE., FL 33710

Title: MGRM (X) Change () Addition
Name: STARNES, LARRY
Address: 16429 SPRING VALLEY RD
City-St-Zip: DADE CITY, FL 33523 63

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ARTHUR W BROADERICK

MGR

02/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date