2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Sep 08, 2005 8:00 am Secretary of State 09-08-2005 90013 009 ****50.00 **DOCUMENT # L03000049037** MADISON DEVELOPMENT GROUP, LLC CVUD/JVD Principal Place of Business Mailing Address 974 RAVINE ROAD N 974 RAVINE ROAD N SWITZERLAND, FL 32259 SWITZERLAND, FL 32259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07012005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number Applied For City & State 47-0927119 Not Applicable Żip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JORGENSEN, MIKE Street Address (P.O. Box Number is Not Acceptable) 8787 SOUTHSIDE BLVD 5609 JAX, FL 32256 City 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 7, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE Change Addition ☐ Detete NAME FONDA, BLAIR M NAME STREET ADDRESS 974 RAVINE ROAD N STREET ADDRESS SWITZERLAND, FL 32259 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Change ☐ Addition FONDA, CHARLES M NAME NAME 836 EAGLE POINT DR. STREET ADDRESS STREET ADDRESS ST. AUGUSTINE, FL 32092 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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

Delete

☐ Change

☐ Addition

FILED