

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029957

**FILED**  
**Mar 09, 2005**  
**Secretary of State**

**Entity Name:** E. MADISON ENTERPRISES, LLC

**Current Principal Place of Business:**

4220 1ST AVENUE NW  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

4220 1ST AVENUE NW  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 20-1019014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE REGISTERED AGENT, LLC  
801 ANCHOR RODE DRIVE  
SUITE 203  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

CORPORATE REGISTERED AGENT, LLC  
5147 CASTELLO DRIVE  
NAPLES, FL 34103 US

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: \_\_\_\_\_

03/09/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MADISON, ERIK  
Address: 4220 1ST AVENUE NW  
City-St-Zip: NAPLES, FL 34119

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ERIK J. MADISON

MGRM

03/09/2005

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