

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

06 OCT 13 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10122006 REIN-LLC CR2E101 (11/05)

**DOCUMENT # L04000066203**

1. Entity Name  
**MADISON MANAGEMENT LLC**

*Ryk*

Principal Place of Business  
**C/O WILLIAM A. WIENER  
2000 NORTH OCEAN BOULEVARD, SUITE 501  
BOCA RATON, FL 33431**

Mailing Address  
**C/O WILLIAM A. WIENER  
2000 NORTH OCEAN BOULEVARD, SUITE 501  
BOCA RATON, FL 33431**

2. Principal Place of Business <b>500 EAST BROWARD BLVD.</b>		3. Mailing Address <b>500 EAST BROWARD BLVD.</b>	
Suite, Apt. #, etc. <b>SUITE 1950</b>		Suite, Apt. #, etc. <b>SUITE 1950</b>	
City & State <b>FORT LAUDERDALE, FL</b>		City & State <b>FORT LAUDERDALE, FL</b>	
Zip <b>33394</b>	Country <b>USA</b>	Zip <b>33394</b>	Country <b>USA</b>

4. FEI Number <b>13-3915848</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--------------------------------------------------------

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**WIENER, WILLIAM A  
2000 NORTH OCEAN BOULEVARD, SUITE 501  
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name  
**MOMBACH, GEOFFREY S.**

Street Address (P.O. Box Number is Not Acceptable)  
**MOMBACH, BOYLE & HARDIN, P.A.**

**500 EAST BROWARD BOULEVARD, SUITE 1950**

City **FORT LAUDERDALE, FL** Zip Code **33394**

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 **Geoffrey S. Mombach** *Geoffrey Mombach* **Oct. 12, 2006**

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent Signature Required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$200.00</b>	<b>Make check payable to Florida Department of State</b>
------------------------------------------------------------------------------------	--------------------------------------------------------------

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WIENER, WILLIAM A 2000 NORTH OCEAN BOULEVARD, SUITE 501 BOCA RATON, FL 33431</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WIENER, WILLIAM A. 500 EAST BROWARD BLVD., STE 1950 FORT LAUDERDALE, FL 33394</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>200080964462 10/12/06--01051--009 **150.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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.

**SIGNATURE:** *[Signature]* **CONRAD S. BOYLE, ATTY.** **Oct. 12, 2006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**REINSTATEMENT 2006**