

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90180 030 \*\*\*\*50.00

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<b>DOCUMENT # L04000073459</b> 1. Entity Name <b>MADISON EXCHANGE, LLC</b>					
Principal Place of Business <b>1020 S. FERDON BLVD. CRESTVIEW, FL 32536</b>			Mailing Address <b>1020 S. FERDON BLVD. CRESTVIEW, FL 32536</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		01112005 Chg-LLC		CR2E083 (10/03)	
		4. FEI Number <b>76-0768112</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRYAN, JOHN C JR. WELTON &amp; WILLIAMSON, P.A. 1020 FERDON BLVD., SOUTH CRESTVIEW, FL 32536</b>			Name <b>Welton &amp; Williamson, LLC</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1020 S. Ferdon Blvd.</b> City <b>Crestview</b> <b>FL</b> Zip Code <b>32536</b>		
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		<i>Wayne Williamson for Welton &amp; Williamson, LLC</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <b>1-13-05</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELTON, MARK H		NAME		
STREET ADDRESS	1020 S. FERDON BLVD., SOUTH		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMSON, A. WAYNE		NAME		
STREET ADDRESS	1020 S. FERDON BLVD., SOUTH		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, JOHN C JR.		NAME		
STREET ADDRESS	1020 S. FERDON BLVD., SOUTH		STREET ADDRESS		
CITY-ST-ZIP	CRESTVIEW, FL 32536		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE:		<i>Wayne Williamson, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		DATE <b>1-13-05</b>	
				Daytime Phone # <b>682-2120</b>	