

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90049 047 ****50.00

DOCUMENT # L04000073459

1. Entity Name
MADISON EXCHANGE, LLC



Principal Place of Business
**1020 S. FERDON BLVD.
CRESTVIEW, FL 32536**

Mailing Address
**1020 S. FERDON BLVD.
CRESTVIEW, FL 32536**

00000000



DO NOT WRITE IN THIS SPACE

01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
76-0768112

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WELTON & WILLIAMSON, LLC
1020 S FERDON BLVD
CRESTVIEW, FL 32536**

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WELTON, MARK H
1020 S. FERDON BLVD., SOUTH
CRESTVIEW, FL 32536**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
WILLIAMSON, A. WAYNE
1020 S. FERDON BLVD., SOUTH
CRESTVIEW, FL 32536**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
BRYAN, JOHN C JR.
1020 S. FERDON BLVD., SOUTH
CRESTVIEW, FL 32536**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

1-4-06

682-2120