

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90113 041 \*\*\*\*50.00

**DOCUMENT # L04000082469**

1. Entity Name  
**MADISON DEVELOPMENT OF BAKER, LLC**



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

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

**20007360**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**20-2140314**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAMSON, A. WAYNE  
1020 FERDON BLVD. SOUTH  
CRESTVIEW, FL 32536**

7. Name and Address of New Registered Agent

Name **WELTON + WILLIAMSON, LLC**

Street Address (P.O. Box Number is Not Acceptable)

**1020 S. Ferdon Blvd.**

City **Crestview**

**FL**

Zip Code **32536**

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

*A. Wayne Williamson*

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-14-05**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
OKALOOSA INVESTMENT ENTERPRISES, INC.  
1020 FERDON BLVD. SOUTH  
CRESTVIEW, FL 32536** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**mgrm  
A. Wayne Williamson  
1020 S. Ferdon Blvd.  
Crestview, FL 32536** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*A. Wayne Williamson*

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

Date

**1-14-05**

Daytime Phone #

**682-2120**