

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90059 032 \*\*\*\*50.00

**DOCUMENT # L04000092091**

1. Entity Name  
**MADISON LAND & TITLE, LLC**



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

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

**20000813**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number  
**20-2033476**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Welton & Williamson, LLC**

Street Address (P.O. Box Number is Not Acceptable)  
**1020 Ferdon Blvd South**

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.

*A. Wayne Williamson*  
(NOTE: Registered Agent signature required when reinstating)

**1-4-06**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
WELTON & WILLIAMSON, LLC  
1020 SOUTH FERDON BLVD  
SANTA ROSA BEACH, FL 32459** ☐ Delete

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

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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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:**

*A Wayne Williamson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-4-06**  
Date

**687-2120**  
Daytime Phone #