2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000034925

Entity Name: MADISON REAL ESTATE HOLDINGS, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
2870 EAST U. S. HIGHWAY 90 MADISON, FL 32340 US	172 SW RANGE AVE MADISON, FL 32340 US

Current Mailing Address:	**New Mailing Address:**
2870 EAST U. S. HIGHWAY 90 MADISON, FL 32340 US	199 NE RANGE AVE MADISON, FL 32340 US

FEI Number: 26-0122398   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PIKE, STEPHEN H 2870 U. S. HIGHWAY 90 EAST MADISON, FL 32340 US	

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.

SIGNATURE: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

		ADDITIONS/CHANGES:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	PIKE, STEPHEN H	Name:	
Address:	2870 EAST U. S. HIGHWAY 90	Address:	
City-St-Zip:	MADISON, FL 32340 US	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	PIKE, H. RAE	Name:	
Address:	2870 EAST U. S. HIGHWAY 90	Address:	
City-St-Zip:	MADISON, FL 32340 US	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	STUDE, KEVIN	Name:	
Address:	2870 EAST U. S. HIGHWAY 90	Address:	
City-St-Zip:	MADISON, FL 32340 US	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: H.RAE PIKE   MGRM   04/03/2006
_____

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date