


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90025 038 \*\*\*\*55.00

<b>DOCUMENT # L05000095121</b>	
1. Entity Name <b>MADISON CORNER, LLC</b>	

Principal Place of Business <b>3300 FAIRFIELD AVENUE SOUTH ST PETERSBURG FL 33712</b>	Mailing Address <b>3300 FAIRFIELD AVENUE SOUTH ST PETERSBURG FL 33712</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E083 (10/05)

4. FEI Number <b>20-3548192</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>BRANDES, RUSSEL P 3300 FAIRFIELD AVENUE SOUTH ST PETERSBURG FL 33712</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM COX LUMBER CO. 3300 FAIRFIELD AVENUE SOUTH ST PETERSBURG FL 33712</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Russel P. Brandes **RUSSEL P. BRANDES** **2-24-06** **727-327-4503**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #



ATTACHMENT

30002863

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2006

MADISON CORNER, LLC  
3300 FAIRFIELD AVENUE SOUTH  
ST PETERSBURG, FL 33712

Subject: **MADISON CORNER, LLC**

Reference Number: **L05000095121**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/rm  
ANNUAL REPORTS SECTION



MAR-20-2006 13:36

GWC-CUS.SER.BR.

**ATTACHMENT**

859 669 5650 P.02

**Department of the Treasury  
Internal Revenue Service**30002863  
# L05000095121**Taxpayer Identification Number**

Date: 3/20/2006

**20-3548192**

**To**            **NAME**            **MADISON CORNER LLC**

**ADDRESS**        **3300 FAIRFIELD AVE S**  
                                 **SAINT PETERSBURG, FL 33712**

**PHONE NO**      **727-327-4503**

**FAX NO**            **727-327-2807**

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**FROM**            **NAME**            **M. SCHWAB**  
                                 **IRS Covington KY 41011**

**PHONE NO**      **800-829-0115**

**FAX NO**

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We received your request today asking us to verify your employer identification number (EIN) and name. Your employer identification number is listed above. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence or documents. We are sending Letter 147C under separate cover, confirming the same information for your permanent file. You should receive this letter within four weeks.

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