

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

01-12-2007 90035 001 \*\*\*400.00

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # L06000013226</b><br>1. Entity Name<br><b>MADISON ACRE ESTATES V, LLC</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>412 EAST HILLSBORO BOULEVARD<br/>DEERFIELD BEACH, FL 33441</b>   |  |   | Mailing Address<br><b>P.O. BOX 163<br/>DEERFIELD BEACH, FL 33443</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  |   |  |
| 4. FEI Number      01052007      Chg-LLC      CR2E083 (12/06)  |  |   |  | <input type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |  | 6. Name and Address of Current Registered Agent<br><br><b>PENNACHIO, DENNIS<br/>412 EAST HILLSBORO BOULEVARD<br/>DEERFIELD BEACH, FL 33441</b>  |  |
| 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code   |  |   |  | 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 _____ (NOTE: Registered Agent signature required when rechartering)      DATE _____  |  |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>                              |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |   | 10. ADDITIONS/CHANGES  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>PENNACHIO, DENNIS<br/>412 EAST HILLSBORO BOULEVARD<br/>DEERFIELD BEACH, FL 33441</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>LANGSTON, DAVID R<br/>412 EAST HILLSBORO BOULEVARD<br/>DEERFIELD BEACH, FL 33441</b> | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   |  |   |  |
| 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: <b>Dennis Pennachio</b> 01/05/2007                        |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  |   | <small>Date      Daytime Phone #</small>                             |   |  |