

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000013232**

1. Entity Name  
**MADISON ACRE ESTATES VII, LLC**



Principal Place of Business

**412 EAST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441**

Mailing Address

**P.O. BOX 163  
DEERFIELD BEACH, FL 33443**



02132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**PENNACHIO, DENNIS  
412 EAST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U00000869731  
04/03/08-80056-020 971.25

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PENNACHIO, DENNIS  
412 EAST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
LANGSTON, DAVID R  
412 EAST HILLSBORO BOULEVARD  
DEERFIELD BEACH, FL 33441**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

3/19/08