

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027876

Entity Name: MADISON HOUSING LLC

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

120 FORBES BLVD., C/O GATEHOUSE GROUP, INC
MANSFIELD, MA 02048

New Principal Place of Business:

Current Mailing Address:

120 FORBES BLVD., C/O GATEHOUSE GROUP, INC
MANSFIELD, MA 02048

New Mailing Address:

FEI Number: 20-5028295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVELL, TERRY M
150 WEST FLAGLER STREET, 2200 MUSEUM TOWER
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: THE GATEHOUSE GROUP,, INC.
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 US

Title: MGRM () Change (X) Addition
Name: CANEPARI, DAVID J
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 US

Title: MGRM () Change (X) Addition
Name: PLONSKIER, MARC S
Address: 120 FORBES BLVD
City-St-Zip: MANSFIELD, MA 02048 US

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: MARC S. PLONSKIER

MGRM

01/03/2007

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