

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031434

FILED
Apr 24, 2007
Secretary of State

Entity Name: MADISON HEIGHTS DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

5347 SINK CREEK LANE
MARIANNA, FL 32448 US

New Principal Place of Business:

Current Mailing Address:

5347 SINK CREEK LANE
MARIANNA, FL 32448 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOUNT, MARCUS A
5347 SINK CREEK LANE
MARIANNA, FL 32448 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: MGRM () Delete
Name: MOUNT, MARCUS A
Address: 5347 SINK CREEK LANE
City-St-Zip: MARIANNA, FL 32448 US

Title: MGRM () Delete
Name: SMITH, JAMES M
Address: 3065 PX RANCH ROAD
City-St-Zip: COTTONDALE, FL 32431 US

Title: MGRM () Delete
Name: SMITH, TIMOTHY M
Address: 5110 PRESIDENT CIRCLE
City-St-Zip: MARIANNA, FL 32446 US

Title: MGRM () Delete
Name: BRUNER, JOSEPH B
Address: 2840 JEFFERSON STREET
City-St-Zip: MARIANNA, FL 32446 US

Title: MGRM () Delete
Name: MERCER, DOUGLAS W
Address: 4431 LAFAYETTE STREET
City-St-Zip: MARIANNA, FL 32446 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAMES SMITH

MM

04/24/2007

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