

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L06000052949 | |
| 1. Entity Name MADISON PROPERTY MANAGEMENT SOLUTIONS, LLC | |
| Principal Place of Business 11512 LAKE MEAD AVENUE SUITE 405 JACKSONVILLE, FL 32256 | Mailing Address 7643 GATE PARKWAY STE 104, PMB 188 JACKSONVILLE, FL 32256 |



02142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 4. FEI Number 16-1762890 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| |
|--|
| 6. Name and Address of Current Registered Agent |
| BALASKIEWICZ, KIM 11512 LAKE MEAD AVENUE SUITE 405 JACKSONVILLE, FL 32226 |

**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 *Kim Bz*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/14/8

DATE

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

000000878235
04/14/08-80047-001 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BALASKIEWICZ, KIM 3800 MICHAELS LANDING CIRCLE E JACKSONVILLE, FL 32224 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BALASKIEWICZ, JAMES 3800 MICHAELS LANDING CIRCLE E JACKSONVILLE, FL 32224 |
| 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: *Kim Bz*

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

Date

Daytime Phone #