

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052949

FILED  
Apr 06, 2009  
Secretary of State

**Entity Name:** MADISON PROPERTY MANAGEMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

11512 LAKE MEAD AVENUE  
SUITE 405  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

7643 GATE PARKWAY STE 104, PMB 188  
JACKSONVILLE, FL 32256

**New Mailing Address:**

7643 GATE PARKWAY  
SUITE 104 PMB 188  
JACKSONVILLE, FL 32256

**FEI Number:** 16-1762890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALASKIEWICZ, KIM  
11512 LAKE MEAD AVENUE  
SUITE 405  
JACKSONVILLE, FL 32226 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: BALASKIEWICZ, KIM  
Address: 3800 MICHAELS LANDING CIRCLE E  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM ( ) Delete  
Name: BALASKIEWICZ, JAMES  
Address: 3800 MICHAELS LANDING CIRCLE E  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

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 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: KIM BALASKIEWICZ

MGRM

04/06/2009

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