2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

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Entity Name: MADISON AVENUE LEGACY, II, LLC

Current Principal Place of Business:

4 PORTOFINO DRIVE
SUITE 901
PENSACOLA BEACH, FL 32561

New Principal Place of Business:

Current Mailing Address:

4 PORTOFINO DRIVE
SUITE 901
PENSACOLA BEACH, FL 32561

New Mailing Address:

FEI Number: 59-3814162 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHANE, RAYMOND
4 PORTOFINO DRIVE
SUITE 901
PENSACOLA BEACH, FL 32561 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: SHANE, RAYMOND
Address: 4 PORTOFINO DRIVE, SUITE 901
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGR ( ) Delete
Name: BAINES, JOHN L
Address: 1 PORTOFINO DRIVE, SUITE 1308
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: MGR ( ) Delete
Name: SHANE, GLENN D
Address: 3 PORTOFINO DRIVE, SUITE 1909
City-St-Zip: PENSACOLA BEACH, FL 32561

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:

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: RAYMOND R SHANE MGRM 03/05/2008

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