

# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000020810

FILED  
Nov 08, 2011  
Secretary of State

**Entity Name:** MADISON CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:**

201 SOUTH BISCAYNE BLVD.  
28TH FLOOR  
MIAMI, FL 33131 US

**New Principal Place of Business:**

100 N. BISCAYNE BLVD.  
SUITE 2106  
MIAMI, FL 33132 US

**Current Mailing Address:**

201 SOUTH BISCAYNE BLVD.  
28TH FLOOR  
MIAMI, FL 33131 US

**New Mailing Address:**

100 N. BISCAYNE BLVD.  
SUITE 2106  
MIAMI, FL 33132 US

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

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

FLANAGAN, DENNIS JR.  
201 SOUTH BISCAYNE BLVD.  
28TH FLOOR  
MIAMI, FL 33131 US

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

LAW OFFICES OF AARON RESNICK  
100 N. BISCAYNE BLVD.  
SUITE 1607  
MIAMI, FL 33132 US

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: AARON RESNICK, ESQ.

11/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FLANAGAN, DENNIS JR.  
Address: 100 N. BISCAYNE BLVD., SUITE 2106  
City-St-Zip: MIAMI, FL 33132 US

Title: MGMR  
Name: FLANAGAN, MADISON K  
Address: 100 N. BISCAYNE BLVD., SUITE 2106  
City-St-Zip: MIAMI, FL 33132 US

Title: MGMR  
Name: FLANAGAN, KATELYN B  
Address: 100 N. BISCAYNE BLVD., SUITE 2106  
City-St-Zip: MIAMI, FL 33132

I hereby 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: MADISON FLANAGAN

MGMB

11/08/2011

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