

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000111020

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** MADISON PARTNERSHIP, LLC

**Current Principal Place of Business:**

4504 NUNNSWOOD LANE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

4504 NUNNSWOOD LANE  
LAKELAND, FL 33813 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

AUVIL, JONATHAN L  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL 33525 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  
Name: ROBERT THOMAS THIGPEN, LLC  
Address: 4504 NUNNSWOOD LANE  
City-St-Zip: LAKELAND, FL 33813

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: ROBERT T. THIGPEN

MGR

04/11/2011

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