

**2006 LIMITED-LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000007113

1. Entity Name

MADISON REALTY INVESTORS, LLC



Principal Place of Business

**1215 SE 2ND AVE
STE 201
FORT LAUDERDALE, FL 33316 US**

Mailing Address

**1215 SE 2ND AVE
STE 201
FORT LAUDERDALE, FL 33316 US**



01252006No Chg-LLC

CRZE063 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
65-0999385**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COFFEY, KEVIN M
1215 SE 2ND AVE
STE 201
FORT LAUDERDALE, FL 33316**

**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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COFFEY, KEVIN M
STREET ADDRESS	1215 SE 2ND AVE STE 201
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	MGRM
NAME	EVANS, WILLIAM D
STREET ADDRESS	9605 KINGSTON CT #160
CITY-ST-ZIP	ENGLEWOOD, CO 80112
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**1100000467339
03/23/06 80048-002 50.00**

**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:

Kevin Coffey, MGRM

2-18-06

904 525 9696

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

Date

Daytime Phone #