

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90050 042 *****50.00

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1. Entity Name

MADISON GREEN GOLF, LLC



Principal Place of Business

475 ROUTE 304
NEW CITY NY 10956

Mailing Address

475 ROUTE 304
NEW CITY NY 10956

2. Principal Place of Business

6 STATION Rd

Suite, Apt. #, etc.

3. Mailing Address

6 STATION Rd

Suite, Apt. #, etc.

Pomona NY

City & State

Pomona, NY

City & State

Pomona NY

Zip

10970

Country

Zip

10970

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

11-3519851

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALEXANDER, LARRY B
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BERGSTOL, ERIC
STREET ADDRESS 475 ROUTE 304
CITY-ST-ZIP NEW CITY NY 10956

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

Date

Daytime Phone #