



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90360 040 ***150.00

DOCUMENT # P03000075240 1. Entity Name MADISON PROPERTY CORPORATION					
Principal Place of Business 501 EAST KENNEDY BLVD., #1200 TAMPA, FL 33602			Mailing Address 501 EAST KENNEDY BLVD., #1200 TAMPA, FL 33602		
2. Principal Place of Business One Tampa City Center		3. Mailing Address One Tampa City Center			
Suite, Apt. #, etc. Suite 1825		Suite, Apt. #, etc. Suite 1825			
City & State Tampa, FL		City & State Tampa, FL			
Zip 33602	Country USA	Zip 33602	Country USA		
4. FEI Number 20-0206616				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CUSACK, JAMES 501 EAST KENNEDY BLVD., #1200 TAMPA, FL 33602					
7. Name and Address of New Registered Agent Name CUSACK, JAMES Street Address (P.O. Box Number is Not Acceptable) ONE TAMPA CITY CENTER SUITE 1825 City TAMPA FL Zip Code 33602					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME CUSACK, JAMES STREET ADDRESS 501 EAST KENNEDY BLVD., #1200 CITY - ST - ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE D NAME CUSACK, JAMES STREET ADDRESS ONE TAMPA CITY CENTER, STE 1825 CITY - ST - ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MADISON, CHUCK STREET ADDRESS 501 EAST KENNEDY BLVD., #1200 CITY - ST - ZIP TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE D NAME MADISON, CHUCK STREET ADDRESS ONE TAMPA CITY CENTER, STE 1825 CITY - ST - ZIP TAMPA, FL 33602	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-26-06 (813) 223-1276 <small>Daytime Phone #</small>		