

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078404

FILED
Jan 28, 2016
Secretary of State
CC2499898069

Entity Name: MADISON HOUSING INVESTORS LLC

Current Principal Place of Business:

120 FORBES BLVD.
SUITE 180
MANSFIELD, MA 02048-1150

Current Mailing Address:

120 FORBES BLVD.
SUITE 180
MANSFIELD, MA 02048-1150 US

FEI Number: 27-0734604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVELL, TERRY M ESQ.
150 W. FLAGLER STREET
MUSEUM TOWER, STE. 2200
MIAMI, FL 33130 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: TERRY M LOVELL

01/28/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: THE GATEHOUSE GROUP, INC.
Address: 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title: VP, AUTHORIZED MEMBER
Name: CANEPARI, DAVID J
Address: 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title: PRESIDENT, AUTHORIZED MEMBER
Name: PLONSKIER, MARC S
Address: 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title: AUTHORIZED REPRESENTATIVE
Name: HAMPTONS, SARITA D
Address: 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title: TREASURER
Name: YORKSHAITIS, ROGER
Address: 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title: AUTHORIZED REPRESENTATIVE
Name: LEONARDO, CHRISTOPHER
Address: 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

Title: AUTHORIZED REPRESENTATIVE
Name: INAMDAR, NIKUL A
Address: 445 NW 4TH STREET
SUITE 108
City-State-Zip: MIAMI FL 33128-1701

Title: AUTHORIZED REPRESENTATIVE
Name: LEO, JENNIFER S
Address: 120 FORBES BLVD.
SUITE 180
City-State-Zip: MANSFIELD MA 02048-1150

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARC S PLONSKIER

AUTHORIZED MEMBER

01/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date