

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000078404

FILED
Dec 08, 2015
Secretary of State
CC5590612579

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

12/08/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	VP, AUTHORIZED MEMBER
Name	THE GATEHOUSE GROUP, INC.	Name	CANEPARI, DAVID J
Address	120 FORBES BLVD. SUITE 180	Address	120 FORBES BLVD. SUITE 180
City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MANSFIELD MA 02048-1150
Title	PRESIDENT, AUTHORIZED MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	PLONSKIER, MARC S	Name	HAMPTONS, SARITA D
Address	120 FORBES BLVD. SUITE 180	Address	120 FORBES BLVD. SUITE 180
City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MANSFIELD MA 02048-1150
Title	TREASURER	Title	AUTHORIZED REPRESENTATIVE
Name	YORKSHAITIS, ROGER	Name	LEONARDO, CHRISTOPHER
Address	120 FORBES BLVD. SUITE 180	Address	120 FORBES BLVD. SUITE 180
City-State-Zip:	MANSFIELD MA 02048-1150	City-State-Zip:	MANSFIELD MA 02048-1150
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	INAMDAR, NIKUL A	Name	LEO, JENNIFER S
Address	445 NW 4TH STREET SUITE 108	Address	120 FORBES BLVD. SUITE 180
City-State-Zip:	MIAMI FL 33128-1701	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

MGRM

12/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date