2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078404

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

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.

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	SIGNATURE	: TERRY M LOVELL			01/19/2017
		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 REPRESENTATIV	E
	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 REPRESENTATIV	E
	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 REPRESENTATIV	E
	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.

01/19/2017 SIGNATURE: MARC S PLONSKIER PRESIDENT Electronic Signature of Signing Authorized Person(s) Detail Date

FILED Jan 19, 2017 Secretary of State CC7728494153

Certificate of Status Desired: No