

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000091504

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** MIDAS MANAGEMENT PARTNERS LLC

**Current Principal Place of Business:**

660 EXECUTIVE PARK COURT  
SUITE 1200  
APOPKA, FL 32703

**New Principal Place of Business:**

195 WEKIVA SPRINGS RD.  
SUITE 355  
LONGWOOD, FL 32779

**Current Mailing Address:**

660 EXECUTIVE PARK COURT  
SUITE 1200  
APOPKA, FL 32703

**New Mailing Address:**

195 WEKIVA SPRINGS RD.  
SUITE 355  
LONGWOOD, FL 32779

**FEI Number:** 45-2948512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BREWERLONG PLLC  
237 LOOKOUT PLACE  
SUITE 100  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PHILIP, LEON  
Address: 195 WEKIVA SPRINGS RD. STE 355  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGR  
Name: JOHN, WILKINS G  
Address: 195 WEKIVA SPRINGS RD. STE 355  
City-St-Zip: LONGWOOD, FL 32779

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN G. WILKINS

MGRM

01/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date