1. A 7142

2008 LIMITED LIABILITY COMPAN **ANNUAL REPORT**

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Y	Apr 04, 2008 8:00 an Secretary of State
	04-04-2008 90133 010 ***138.75

DOCUMENT #L04000049296 MIDWAY PROPERTIES LLC 60019641 Principal Place of Business Mailing Address 4510 ROYAL PALM BEACH BOULEVARD 4510 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411 ROYAL PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # 115 28 RIVERCHASE RUN 3. Mailing Address 11528 RIVERCHASE RUN Suite, Apt. #, etc. 03252008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For EST PALM BEACH, FL 20-1337442 Not Applicable \$5.00 Additional. 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARMOUR, ALAN I II Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. STE 1200 WEST PALM BEACH, FL 33401 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rei FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State ___ MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. TITLE MGR Change TITLE ☐ Defete ■ Addition YOUNG, FRANK E NAME NAME 121 ANCHORAGE DR. South STREET ADDRESS 4510 ROYAL PALM BEACH BOULEVARD STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH, FL 33411 CITY-ST-ZIP NORTH PALM BEACH, FL 33408 TITLE MGR ☐ Delete TITLE ___ Addition HYMAN, RONALD M NAME NAME 11528 RIVERCHASE RUN STREET ADDRESS 4510 ROYAL PALM BEACH BOULEVARD STREET ADDRESS ROYAL PALM BEACH, FL 33411 City-St-7IP CITY-ST-7IP WEST PALM BEACH, FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Channe Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 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 is true and accurate and that my 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:

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE