LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2003 8:00 am Secretary of State

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DOCUMENT #	L00000015305	

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1. Entity Name			04-17-2003 90035 023 ****50.00			
MID-STATE VENTURES LLC	V					
DO NOT WRITE	IN THIS SPA	CE				
2. Principal Place of Business	3. Mailing Address GOODO A	NNETT				
Suite, Apt. #, etc. 4657 S. ATLANTICANE Ty			DO NOT WRITE IN THIS SPACE			
City & State ANCS INLET, FL.	City & State	<u> </u>	4. FEI Number 58 258 824	3 Applied For Not Applicable		
Zip Country USA	31208-4851 Co	USA	5. Certificate of Status Desired	□ \$5.00 Additional Fee Required		
	en a contra de la companya de la co Ngjeria de la companya de la company	mtu.)	7. Name and Address of Current Re	gistered Agent		
DO NOT WE	ITE	Name Gold	SOLDON /SEWNETT			
DO NOT WR		_Street.Address (F	P.O. Box Number is Not Acceptable)			
IN THIS SPACE		4651 S. ATLANTIC AVB #9404				
		Citizance	INLET	FL Zip Code		
The above named entity submits this statement for the obligations of registered agent	e purpose of changing its regist	ered office or registere		a. I am familiar with, and accept		
SIGNATURE Signature, typed or printed name of registered agent and	litle if applicable.			DATE		
9. MANAGING MEMBERS	Make Check Payable to DUE I	S \$50.00 Florida Departmer 3Y MAY 1	nt of State			
TITLE MANAGETZ	Standard St	ine				
MAUE GODDON SOON	~ ~	AME				
STREET ADDRESS 4651 5. ATLAN CITY-ST-ZIP PONCE IN 2017, P.	71CAVB #940 S	TREET ADDRESS IFY-ST-ZIP				
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CITY-ST-ZIP		TY-ST-ZIP				
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NAME STREET ADDRESS	1/2/16	AME Ireet address				
CITY-ST-ZIP	A STATE OF THE STA	TY: ST: ZIP				
11. I hereby certify that the information supplied with this	s filing does not qualify for the ex	xemption stated in Sec	ction 119.07(3)(i), Florida Statutes. I fur	ther certify that the information		

ture shall have the same legal effect as if made under oath; that I am a managing member or manager of the to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receiver

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE