2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000003747

1. Entity Name
MIDDLE RIVER ASSOCIATES, LLC

Principal Place of Business	Mailing Address
4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351	4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351

04282004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1085427
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, WILLIAM M
4300 NORTH UNIVERSITY DRIVE, SUITE D-103
LAUDERHILL, FL 33351

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

U00000144713
04/30/04-80142-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MURPHY, UNA
STREET ADDRESS	4300 NORTH UNIVERSITY DRIVE, SUITE D-103
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Una Murphy Una Murphy Manager 4/28/04 (954) 746-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #