


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90017 009 ****50.00

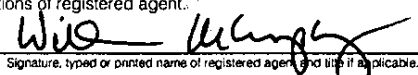
DOCUMENT # L01000003747	
1. Entity Name MIDDLE RIVER ASSOCIATES, LLC	

Principal Place of Business 4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351	Mailing Address 4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351
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2. Principal Place of Business 1700 NW 66 AVE Suite, Apt. #, etc. # 102 City & State Plantation, FL Zip 33313 Country USA	3. Mailing Address 1700 NW 66 AVE Suite, Apt. #, etc. # 102 City & State Plantation, FL Zip 33313 Country USA
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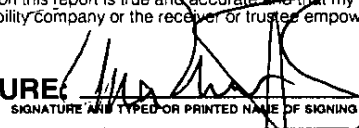
	
04042006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 65-1085427	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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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7. Name and Address of New Registered Agent Name William M. Murphy Street Address (P.O. Box Number is Not Acceptable) 1700 NW 66 AVE # 102 City Plantation FL Zip Code 33313	
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 reinstating) DATE 4/4/06

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, UNA 4300 NORTH UNIVERSITY DRIVE, SUITE D-103 LAUDERHILL, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Una Murphy 1700 NW 66 AVE #102 Plantation FL 33313 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRADY, VICKI 888 SE 3RD AVE, STE 501 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 	Una Murphy Manager 4/4/06 (954) 746-2221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #	