


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000004868 1. Entity Name MID-STATE PROPERTIES OF CENTRAL FLORIDA, L.L.C.	
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Principal Place of Business 3125 REYNOLDS RD. LAKELAND, FL 33801	Mailing Address P.O. BOX 1606 EATON PARK, FL 33840
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 73-1628367	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HOPPE, JONN D 225 EAST LEMIN ST LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REED, MICHAEL E 3125 REYNOLDS RD LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KEARNS, DONALD J 3125 REYNOLDS RD LAKELAND, FL 33803
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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: <u>Donald J. Kearns</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>1/3/07</u> <u>(863) 665-1309</u> <small>Date Daytime Phone #</small>
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DONALD J. KEARNS