

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90242 020 ****50.00

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03102005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L02000005889					
1. Entity Name MIDDLECREST, LLC					
Principal Place of Business 46 S.W. FIRST STREET, 4TH FLOOR MIAMI, FL 33130-1610			Mailing Address 46 S.W. FIRST STREET, 4TH FLOOR MIAMI, FL 33130-1610		
2. Principal Place of Business 10800 Biscayne Boulevard Suite, Apt. #, etc. Suite 350 City & State Miami, FL Zip 33161 Country			3. Mailing Address 10800 Biscayne Boulevard Suite, Apt. #, etc. Suite 350 City & State Miami, Fla. Zip 33161 Country		
4. FEI Number 65-1180440				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUCHBINDER, HARRIS 46 S.W. FIRST STREET, 4TH FLOOR MIAMI, FL 33130-1610			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME POSNER, STEVEN TRUSTEE STREET ADDRESS 10800 BISCAYNE BOULEVARD STE 350 CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME POSNER, STUART TRUSTEE STREET ADDRESS 10800 BISCAYNE BOULEVARD STE 350 CITY-ST-ZIP MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:			3/15/05 (305) 893-1110 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					