

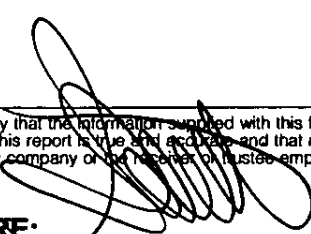


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000005889</b>		
1. Entity Name <b>MIDDLECREST, LLC</b>		
Principal Place of Business <b>10800 BISCAYNE BLVD STE 350 MIAMI, FL 33161</b>		Mailing Address <b>10800 BISCAYNE BLVD STE 350 MIAMI, FL 33161</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01182008No Chg-LLC CR2E083 (12/07)
		4. FEI Number <b>65-1180440</b>
		Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>BUCHBINDER, HARRIS 46 S.W. FIRST STREET, 4TH FLOOR MIAMI, FL 33130-1610</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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. (NOTE: Registered Agent signature required when renaming) DATE</small>		
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		
U0000007999984 01/30/08-80090-006 138.75		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR POSNER, STEVEN TRUSTEE 10800 BISCAYNE BOULEVARD STE 350 MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR POSNER, STUART TRUSTEE 10800 BISCAYNE BOULEVARD STE 350 MIAMI, FL 33161	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>Stuart Posner</b> 01/16/08 (305) 893-1110		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		