


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90207 015 ****50.00

DOCUMENT # L02000013293					
1. Entity Name MIDWOOD PARTNERS, LLC					
Principal Place of Business 19276 CHERRY HILLS TERRACE BOCA RATON, FL 33498			Mailing Address 19276 CHERRY HILLS TERRACE BOCA RATON, FL 33498		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 45-0479756	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	



01142004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARRISON, GARY 225 NE MIZNER BLVD STE 524 BOCA RATON, FL 33432		Name <u>GARY HARRISON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1900 NW CORPORATE BLVD - STE 400E</u> City <u>BOCA RATON</u> FL Zip Code <u>33431</u>	

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 Gary Harrison (NOTE: Registered Agent signature required when reinstating) DATE 1/30/04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRISON, GARY 225 NE MIZNER BLVD -STE 524 BOCA RATON, FL 33432 <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	TS HARRISON, LOUISE 225 NE MIZNER BLVD -STE 524 BOCA RATON, FL 33432 <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 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: Gary Harrison DATE 1/30/04 DAYTIME PHONE # 561-237-3032
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE