

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

03-09-2004 90294 040 ****50.00
L02000013293

DOCUMENT # L02000013293

1. Entity Name

MIDWOOD PARTNERS, LLC



FILED

04 MAR 11 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E083 (11/03)

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, GARY
1900 NW CORPORATE BLVD-SUITE 400E
BOCA RATON FL 33431

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

Gary Harrison

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P
NAME HARRISON, GARY
STREET ADDRESS 225 NE MIZNER BLVD -STE 524
CITY-ST-ZIP BOCA RATON FL 33432 *Change To*

TITLE P
NAME GARY HARRISON
STREET ADDRESS 1900 NW CORP. BLVD - STE 400E
CITY-ST-ZIP BOCA RATON, FL. 33431 *Change*

TITLE TS
NAME HARRISON, LOUISE
STREET ADDRESS 225 NE MIZNER BLVD -STE 524
CITY-ST-ZIP BOCA RATON FL 33432 *change ->*

TITLE TS
NAME LOUISE HARRISON
STREET ADDRESS 1900 NW CORP. BLVD - STE 400E
CITY-ST-ZIP BOCA RATON, FL. 33431 *Change*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP *new address*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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* - GARY HARRISON

3/2/04

561-237-3032

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #