

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90342 043 \*\*\*\*50.00

**DOCUMENT # L02000013293**

1. Entity Name  
**MIDWOOD PARTNERS, LLC**



Principal Place of Business

**225 NE MIZNER BLVD #524  
BOCA RATON FL 33432**

Mailing Address

**225 NE MIZNER BLVD #524  
BOCA RATON FL 33432**

2. Principal Place of Business

**BOCA RATON**

Suite, Apt. #, etc.

**524**

City & State  
**BOCA RATON FL.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number

**45-0479756**

Applied For

Not Applicable

Zip  
**33432**

Country  
**USA**

Zip

Country

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

**SIEGEL, RONALD L ESQ  
1800 CORPORATE BOULEVARD N.W. STE. 302  
BOCA RATON FL 33431**

Name **GARY HARRISON**

Street Address (P.O. Box Number is Not Acceptable)

**225 NE MIZNER BLVD**

**STE 524**

City **BOCA RATON**

**FL**

Zip Code

**33432**

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)

**1/16/03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete  
NAME **GARY HARRISON**  
STREET ADDRESS **225 NE MIZNER BLVD - STE 524**  
CITY-ST-ZIP **BOCA RATON, FL. 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **LOUIS TREASURER, SEC.** ☐ Delete  
NAME **LOUISE HARRISON**  
STREET ADDRESS **225 NE MIZNER BLVD - STE 524**  
CITY-ST-ZIP **BOCA RATON, FL. 33432**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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*

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

Date

Daytime Phone #

**1/16/03**

**561-672-4639**

CR2E083 (10/02)