

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025058

FILED
Apr 25, 2006
Secretary of State

Entity Name: MIDDEN GROVE LLC

Current Principal Place of Business:

620 21ST STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

620 21ST STREET
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 04-3713701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONGO, MELVIN C
620 21ST STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LONGO, MELVIN C
Address: 620 21ST STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: LONGO, DIANE M
Address: 620 21ST STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM () Delete
Name: WILSON, CINDY
Address: 27 MONTRANO AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: BYRNE, MICHAEL D
Address: 27 MONTRANO AVE.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: BOWMAN, S. CURTIS
Address: 117 CORONADO STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM () Delete
Name: HUGHES, ELEANOR C
Address: 117 CORONADO STREET
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MELVIN C LONGO

MGRM

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date