

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025058

FILED
May 18, 2007
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
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 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

MM

05/18/2007

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