

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000027534

Entity Name: P.M. MIDWAY REALTY I, LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

P.M. ASSOCIATES, INC.
6099 SHINN ROAD
FORT PIERCE, FL 34987 US

New Principal Place of Business:

Current Mailing Address:

P.M. ASSOCIATES, INC.
6099 SHINN ROAD
FORT PIERCE, FL 34987 US

New Mailing Address:

P.M. ASSOCIATES, INC.
791 SW GROVE AVENUE
PORT ST LUCIE, FL 34983 US

FEI Number: 65-0881378 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:

PERRY, MARTIN
6099 SHINN ROAD
FORT PIERCE, FL 34987 US

Name and Address of New Registered Agent:

PERRY, MARTIN
791 SW GROVE AVENUE
PORT ST LUCIE, FL 34983 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:

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GLORIA MARTIN FAMILY, TR. BENE OF P. M.
Address: 6099 SHINN ROAD
City-St-Zip: FORT PIERCE, FL 34987

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GLORIA MARTIN FAMILY, TR. BENE OF P. M.
Address: 791 SW GROVE AVENUE
City-St-Zip: PORT ST LUCIE, FL 34983

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: PERRY MARTIN

PRES

05/01/2006

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