

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90015 001 ****50.00



DOCUMENT # L 030000 39428
1. Entity Name

MIDTOWN APARTMENTS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1701 N.W. 15 AVE.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7
Suite, Apt. #, etc.

60054047

CR2E083B (8/05)

City & State
MIAMI FL.

City & State
HALLANDALE FL.

4. FEI Number
33-1089149

Applied For
Not Applicable

Zip Country
33125 DADE

Zip Country
33008 BROWARD

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name STELLA MORANO

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

3500 MYSTIC PT. DR. #1006

City AVENTURA FL Zip Code 33180

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

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRES. / V.P. / TREAS. / SECY.	STELLA MORANO	3500 MYSTIC PT. DR. #1006	AVENTURA, FL. 33180

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

Stella Morano

7/20/07
cell 305-761-8801
305-785-6959
res. 305-682-1934

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

Date

Daytime Phone #

ATTACHMENT

~~60051047~~
LO3000039428

Florida Dept. of State
Secretary of State
Divisions of Corporations
P.O. Box 8700
Tallahassee, Fl. 32314

7/25/07

Gentlemen:

This letter is written to advise I did not receive a form for the annual report renewal. Please waive late fee.

Sincerely,

Midtown Apts., LLC

Stella Morano

President

P.O. Box 7

Hallandale, Fl. 33008

tel. 305-761-8801

305-785-6959