
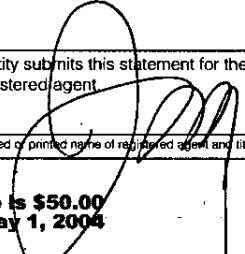
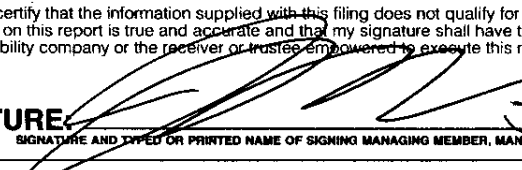


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90493 008 \*\*\*\*50.00

<b>DOCUMENT # L03000049259</b>			
1. Entity Name <b>MIDWEST CONSTRUCTION &amp; DEVELOPMENT LLC</b>			
Principal Place of Business <b>18585 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b>		Mailing Address <b>18585 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b>	
2. Principal Place of Business <b>115 Point Circle</b> Suite, Apt. #, etc.		3. Mailing Address <b>115 POINT CIRCLE</b> Suite, Apt. #, etc.	
City & State <b>Tequesta, FL</b> Zip <b>33469</b>		City & State <b>Tequesta, FL</b> Zip <b>33469</b>	
Country		Country	
4. FEI Number <b>73-1687518</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LIVESAY, JOE A 18585 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name <b>JOE A. LIVESAY</b> Street Address (P.O. Box Number is Not Acceptable) <b>115 POINT Circle</b> City <b>Tequesta, FL</b> Zip Code <b>33469</b>	
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  <b>JOE A. LIVESAY</b> DATE <b>3/31/04</b> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LIVESAY, JOE A 18585 LAKESIDE GARDENS DRIVE JUPITER, FL 33458</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE</b> 		<b>JOE A. LIVESAY</b> <b>3/31/04</b> <b>561-790-4982</b> <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>	

**24034293**



02152004 Chg-LLC CR2E083 (10/03)