

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90090 026 ****50.00

DOCUMENT # L04000013704

1. Entity Name
MIDDLE RIVER PROPERTIES, LLC



Principal Place of Business
**2455 E. SUNRISE BLVD.
PENTHOUSE WEST
FORT LAUDERDALE, FL 33304 US**

Mailing Address
**2455 E. SUNRISE BLVD.
PENTHOUSE WEST
FORT LAUDERDALE, FL 33304 US**

20027525



04012005 Chg-LLC CR2E083 (10/03)

4. FEI Number
90-0146583

Applied For
☐ Not Applicable

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MORRALL, MATTHEW E
2455 E. SUNRISE BLVD.
PENTHOUSE WEST
FORT LAUDERDALE, FL 33304**

Name
Peter W. Wright

Street Address (P.O. Box Number is Not Acceptable)
1850 SE 17th Street

Suite 300

City
Ft. Lauderdale **FL** Zip Code
33316

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
MORRALL, MATTHEW E
2455 E. SUNRISE BLVD., PHW
FORT LAUDERDALE, FL 33304**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
Peter W. Wright
1850 SE 17th Street, Suite 300
Ft. Lauderdale, FL 33316**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
Steven W. Hudson
1850 SE 17th Street, Suite 300
Ft. Lauderdale, FL 33316**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ 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.

SIGNATURE:

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

Peter W. Wright

4/4/05 954-356-5800

Date

Daytime Phone #