2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

| DOCUMENT # L04000017384 1. Entity Name MIDGARD ASSOCIATES, LLC | | | | | | | | 03-10-20 | 05 90038 | 026 ****50 | 0.00 |
|--|-------------------------------------|---|--|--|--|--|--|-----------------------------------|--------------------------------|--------------------------------|--|
| Principal Place | e of Business | | Mailing Address | | | | | | | ~~~ | |
| 747 JENKS AVE SUITE F | | | PO BOX 638 | | | | | | | • | |
| PANAMA CITY, FL 32401 US | | | PANAMA CITY, FL 32402 | | | ľ | | | | | |
| D. D. Coll Division (D.) | | | | | | | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | 14001 1818 14001 | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 02252005 | Chg-LLC | CR2E | 2083 (10/03) | | |
| City & State | | City & State | | | | 4. FEI Numb | ⁰ 80 7 | 863 | <u> </u> | plied For t Applicable | |
| Zip | Zip Country | | Zip Country | | у | | 5. Certificate | e of Status Desire | ed 🗌 | \$5.00 Add Fee Required | |
| | 6. Name | and Address of Current | | | | | 7. Name and | d Address of Ne | w Registered | | · |
| BENNETT | DEDDIC | v | | | Name (1 | ece | elia i | Auders | es il | | |
| 109 HARR | | | Street Address | | | dress (F | (P.O. Box Number is Alot Acceptable) Suite F | | | | |
| PANAMA (| CITY, FL | 32401 | | - | | -, . | Jens. | 7106100 | a cu | <u> </u> | |
| ! | | | | | City N | | - | 01 | F | Zip Code | 9 |
| 8 The above | named enti | v submits this statement fo | Athe nurpose of changing its | registere | TQ. | <u> </u> | | oth in the State of | | | and accept |
| 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, poed or printed name of registered agent and title if applicable. (NOTE: R | | | | | Acpet masshire | nto grad | when reinstating) | | 3-7- | 07 | |
| | Signature, typeu | or printed name of registered agent a | THE RIP REPORTED TO | L. registered | Agent signature | required | when remistating/ | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | | | | : | 1 | Make check | | |
| | ue by may | y 1, 2005 | | | | | | Flo | rida Departi | ment of State | • |
| 9. | | y 1, 2005 MANAGING MEMBE | RS/MANAGERS | 10. | | | | | orida Departi | | • |
| 9. TITLE | MGR | MANAGING MEMBE | RS/MANAGERS | TITLE | - | nai | | ADDITIO | | | Addition |
| 9. TITLE NAME | MGR COWAN, | MANAGING MEMBE | | TITLE | 7 | roci | Cowan | ADDITIO | | S | |
| 9. TITLE | MGR COWAN, 2408 WES | MANAGING MEMBE | | TITLE NAME STREE | T ADDRESS ST-ZIP | Joel P.o. Pan | Cowan Box 6 ama Cit | ADDITIO | DNS/CHANGE | S | |
| 9. THILE NAME STREET ADDRESS | MGR COWAN, 2408 WES | MANAGING MEMBE JOEL JR. ST BEACH DRIVE | | TITLE NAME STREE CITY-: | T ADDRESS ST-ZIP | Foel P.o. Pan | Cowan Box 6 ama Cit R | ADDITIO 38. | DNS/CHANGE | S | |
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