


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90346 040 ****50.00

DOCUMENT # L04000030259	
1. Entity Name MID-CITY INVESTMENT GROUP, LLC	

Principal Place of Business 600 1ST AVE N SUITE 302 ST. PETERSBURG, FL 33701	Mailing Address 600 1ST AVE N SUITE 302 ST. PETERSBURG, FL 33701
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60033911



2. Principal Place of Business - No P.O. Box # 2253 Central Avenue	3. Mailing Address 2253 Central Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03232007 Chg-LLC CR2E083 (12/06)

City & State St. Petersburg, FL	City & State St. Petersburg, FL
Zip 33713	Zip 33713
Country	Country

4. FEI Number 20-1079463	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VILLARI, GIUSEPPE 600 1ST AVE N STE 302 ST. PETERSBURG, FL 33701	
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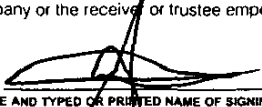
7. Name and Address of New Registered Agent	
Name Villari, Giuseppe	
Street Address (P.O. Box Number is Not Acceptable) 2253 Central Avenue	
City St. Petersburg	FL Zip Code 33713

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 4/4/07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLARI, GIUSEPPE 600 1ST AVENUE N STE 302 ST. PETERSBURG, FL 33701 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HASELOFF, PETER 3137 TEAL TERRACE, STE A SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONALD, ALVAN 3127 50TH ST. N ST. PETERSBURG, FL 33710 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Villari, Giuseppe 2253 Central Avenue St. Petersburg, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Haseloff, Peter 2253 Central Avenue St. Petersburg, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Donald, Alvan 2253 Central Avenue St. Petersburg, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Villari, Marco 2253 Central Avenue St. Petersburg, FL 33713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	DATE: 4/4/07 727-322-5100 Daytime Phone #