2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000030823

1. Entity Name
MIDLAND RIVERSIDE, LLC

Principal Place of Business	Mailing Address
1021 OAK STREET JACKSONVILLE, FL 32204	1021 OAK STREET JACKSONVILE, FL 32204

02272006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1056573
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GULLIFORD, WILLIAM I III
1021 OAK STREET
JACKSONVILLE, FL 32204

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	PARHAM, WILLIAM H
STREET ADDRESS	1021 OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	MGRM
NAME	WIELANSKY, LEE S
STREET ADDRESS	12647 OLIVE BOULEVARD, SUITE 580
CITY-ST-ZIP	ST. LOUIS, MO 64131
TITLE	MGRM
NAME	GULLIFORD, WILLIAM I
STREET ADDRESS	1021OAK STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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05/04/06-80058-003 50.00

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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: _____ 3/10/06 (904)384-6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #