

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90173 002 \*\*\*138.75

**60015599**



<b>DOCUMENT # L04000031327</b> 1. Entity Name <b>MIDLANTIC PRINTING AND PROPERTIES LLC</b>					
Principal Place of Business <b>2224 BOTANICA CIRCLE MELBOURNE, FL 32904 US</b>			Mailing Address <b>2224 BOTANICA CIRCLE MELBOURNE, FL 32904 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		02062008 Chg-LLC CR2E083 (12/06)	
City & State  Zip Country		City & State  Zip Country		4. FEI Number <b>84-1645458</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>WOODALL, CHARLES R 2224 BOTANICA CIRCLE MELBOURNE, FL 32904</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODALL, CHARLES R 9280 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODALL, CHARLES R. 2224 BOTANICA CIRCLE MELBOURNE, FL 32904
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODALL, LINDA D. 9280 SOUTH TROPICAL TRAIL MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODALL, LINDA D. 2224 BOTANICA CIRCLE MELBOURNE, FL 32904	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOODALL, LINDA D. 2224 BOTANICA CIRCLE MELBOURNE, FL 32904	<input type="checkbox"/> Delete	
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<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: <b>Charles R. Woodall</b> <b>2-7-08</b> <b>321-726-8457</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					