


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000053798</b> 1. Entity Name <b>MIDDLEBOROUGH APARTMENTS, LLC</b>	
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Principal Place of Business <b>10800 BISCAYNE BOULEVARD STE. 350 MIAMI, FL 33161</b>	Mailing Address <b>10800 BISCAYNE BOULEVARD STE. 350 MIAMI, FL 33161</b>
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01182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1483717</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BOULEVARD STE.1500(JDB) MIAMI, FL 33131</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

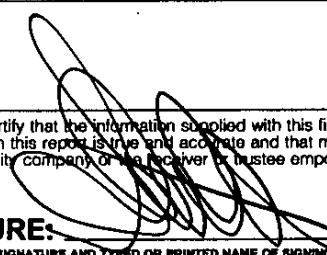
**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000799828  
01/30/08-80080-024 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSNER, STEVEN TRUSTEE 10800 BISCAYNE BOULEVARD STE. 350 MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POSNER, STUART TRUSTEE 10800 BISCAYNE BOULEVARD STE. 350 MIAMI, FL 33161
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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:**  **Stuart Posner 01/16/08 (305) 893-1110**

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

Date

Daytime Phone #