

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000068038**

1. Entity Name  
**MIDLAND MANAGER, LLC**



Principal Place of Business  
**1021 OAK STREET  
JACKSONVILLE, FL 32204**

Mailing Address  
**1021 OAK STREET  
JACKSONVILLE, FL 32204**



02272006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1746523**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PARHAM, WILLIAM H JR  
1021 OAK STREET  
JACKSONVILLE, FL 32204**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
PARHAM, WILLIAM H JR  
1021 OAK STREET  
JACKSONVILLE, FL 32204**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WIELANSKY, LEE S  
12647 OLIVE BOULEVARD, SUITE 580  
ST. LOUIS, MO 64131**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GULLIFORD, WILLIAM I III  
1021 OAK STREET  
JACKSONVILLE, FL 32204**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000508880  
04/28/06-80017-004 50.00

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

**4-3-06**

Date

**904 384-6260**

Daytime Phone #