
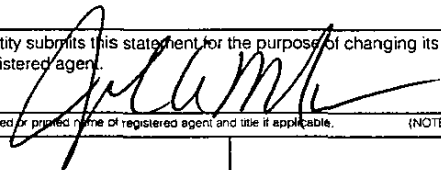
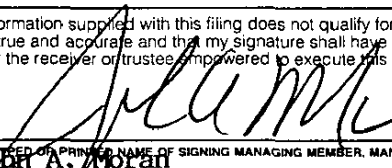


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90285 001 ****50.00

DOCUMENT # L04000072843					
1. Entity Name MD-MIDLAND ASSOCIATES, LLC					
Principal Place of Business C/O JOHN A. MORAN 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236			Mailing Address P.O. BOX 3948 SARASOTA, FL 34230-3948		
2. Principal Place of Business c/o John A. Moran		3. Mailing Address			
Suite, Apt. #, etc. 1990 Main Street, Suite 700		Suite, Apt. #, etc.			
City & State Sarasota, FL		City & State			
Zip 34236	Country U.S.	Zip	Country	4. FEI Number 20-1732550	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MORAN, JOHN A 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1990 Main Street, Suite 700 City Sarasota FL Zip Code 34236		
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 3/24/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	Authorized Manager	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME		NAME	John A. Moran		
STREET ADDRESS		STREET ADDRESS	1990 Main Street, Suite 700		
CITY-ST-ZIP		CITY-ST-ZIP	Sarasota, FL 34236		
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		Authorized Manager		DATE: 3/24/05 Daytime Phone #: 941/366-0115	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	