

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L04000072843</b>					
<b>1. Entity Name</b> MD-MIDLAND ASSOCIATES, LLC					
<b>Principal Place of Business</b> C/O JOHN A. MORAN 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236			<b>Mailing Address</b> P.O. BOX 3948 SARASOTA, FL 34230-3948		
<b>2. Principal Place of Business</b> c/o John A. Moran			<b>3. Mailing Address</b>		
Suite, Apt. #, etc. <b>1990 Main Street, Suite 700</b>			Suite, Apt. #, etc.		
City & State <b>Sarasota, FL</b>			City & State		
Zip <b>34236</b>		Country <b>U.S.</b>		4. FEI Number <b>20-1732550</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> MORAN, JOHN A 22 S. LINKS AVENUE, SUITE 300 SARASOTA, FL 34236				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
1990 Main Street, Suite 700				City <b>Sarasota</b>	
State <b>FL</b>				Zip Code <b>34236</b>	
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 <b>3/24/05</b>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Authorized Manager John A. Moran 1990 Main Street, Suite 700 Sarasota, FL 34236	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
(Empty row for additional managers or changes)					
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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 606, Florida Statutes.					
SIGNATURE:  AUTHORIZED MANAGER <b>3/24/05</b> 941/366-0115					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					