
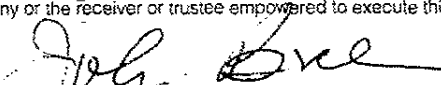


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 03, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000074179</b> 1. Entity Name <b>MIDWAY HOUSE, LLC</b>					
Principal Place of Business <b>1528 S. FEDERAL HWY. LAKE WORTH FL 33460</b>			Mailing Address <b>1528 S. FEDERAL HWY. LAKE WORTH FL 33460</b>		
2. Principal Place of Business - No P.O. Box # <b>SA</b>		3. Mailing Address <b>SA</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 		4. FEI Number <b>20-1749049</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 	Country 	Zip 	Country 	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BUCHAN, JOHN 1528 SO FEDERAL HWY LAKE WORTH FL 33460</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By September 5, 2007</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUCHAN, JOHN 1528 S. FEDERAL HWY. LAKE WORTH FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUCHAN, KAREN 1528 S. FEDERAL HWY. LAKE WORTH FL 33460	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <b>SIGNATURE:</b>   <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> <b>7/18/07</b>  <small>Date</small> </div> <div style="width: 20%; text-align: center;"> <b>588-9968</b>  <small>Daytime Phone #</small> </div> </div>					

