

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90038 022 \*\*\*\*50.00

<b>DOCUMENT # L04000074546</b> 1. Entity Name <b>MIDTOWN CENTRE LLC</b>					
Principal Place of Business <b>3947 BOULEVARD CENTER DRIVE SUITE 5 JACKSONVILLE, FL 32207</b>			Mailing Address <b>3947 BOULEVARD CENTER DRIVE SUITE 5 JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business <b>3333 S. ORANGE AVE., Suite, Apt. #, etc. SUITE 200</b>		3. Mailing Address <b>P. O. BOX 568821 Suite, Apt. #, etc.</b>			
City & State <b>ORLANDO, FL</b>		City & State <b>ORLANDO, FL</b>		4. FEI Number <b>20-1884513</b>	
Zip <b>32806-8500</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KELLOGG, ROGER W 3947 BOULEVARD CENTER DRIVE SUITE 5 JACKSONVILLE, FL 32207</b>		7. Name and Address of New Registered Agent Name <b>CARTER, DARYL M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3333 S. ORANGE AVE., SUITE 200</b> City <b>ORLANDO</b> <div style="float: right;"> <b>FL</b> Zip Code  <b>32806</b> </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 <b>DARYL M. CARTER</b> <span style="float: right;">DATE <b>4/28/06</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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	<b>MGRM JACKSONVILLE MIDTOWN PARTNERS, LTD 3947 BOULEVARD CENTER DRIVE, STE 5 JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 <b>DARYL M. CARTER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE <b>4/28/06</b> <span style="float: right;">Daytime Phone # <b>407-422-3144</b></span>		

**20042979**



04282006 Chg-LLC CR2E083 (11/05)