2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091944

Current Principal Place of Business:

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

3041 SANDY LANE

OKRUHLICA, FRANK

RUCKER, GARY

1824 AUGUSTINE DRIVE

4554 DOGWOOD DRIVE

ALLISON PARK, PA 15101

TEH VILLAGES, FL 32162

MGMR

MGMR

THE VILLAGES, FL 32162

(X) Delete

(X) Delete

Entity Name: MID-FLORIDA PROPERTIES GROUP, LLC

FILED Mar 14, 2005 Secretary of State

New Principal Place of Business:

13710 US HIGHWAY 441 SUITE 100 LADY LAKE, FL 32159 **New Mailing Address: Current Mailing Address:** 13710 US HIGHWAY 441 SUITE 100 LADY LAKE, FL 32159 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MILLHORN, MICHAEL D 13710 US HIGHWAY 441 SUITE 100 LADY LAKE, FL 32159 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Delete (X) Change () Addition GRIBBLE, ROBERT MILLHORN, MICHAEL D Name: Name: 7779 SE 168TH LONE OAK LOOP Address: 13710 U S HIGHWAY 441 #100 Address: City-St-Zip: THE VILLAGES, FL 32162 City-St-Zip: LADY LAKE, FL 32159 Title: MGRM (X) Delete Title: () Change () Addition CHO, ILLWAN Name: Name: Address: 17776 SE 115TH COURT Address: City-St-Zip: SUMMERFIELD, FL 34491 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition LEE, BYUNG Name: Name: 1370 WINGED FOOT DRIVE Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: ROEDL, LAWRENCE Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

() Change () Addition

SIGNATURE: MICHAEL D. MILLHORN MGR 03/14/2005