2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 06, 2008 08:00 A Secretary of State

ANNUAL REPORT				S	ecretary of Sta
DOCU	MENT # L040000926	39			ceretary or st
1. Entity Name MIDHO PARTNERS 1, LLC					
			T. T. T.		
,	ce of Business	Mailing Address			
2032 HILLVIEW STREET 2032 HILLVIEW STREET Sarasota, Fl. 34239 Sarasota, Fl. 34239					
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· ·	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
×	*	• •	4.	20-2040202	Not Applicable \$5.00 Additional
*				5. Certificate of Status Desired	Fee Required
	6. Name and Address of Current R	egistered Agent			V. Carlos and Carlos
	CHT, WILLIAM G TH ORANGE AVENUE		* .	DO NOT W	RITE
	TA, FL 34236			IN THIS SP	ACE* * * *
	e named entity submits this statement for t	he purpose of changing its register	ed office or register	red agent, or both, in the State of Flor	ida. I am familiar with, and accept
the obliga	tions of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable (NOTE, Registere	ed Agent signature required	d when reinstating)	DATE
	E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBER	S/MANAGERS		,	
7ITLE NAME	MGRM BALLIETT, JOHN W.		à,		
STREET ADDRESS	2032 HILLVIEW STREET				s. 18. 3
CITY-ST-ZIP	SARASOTA, FL 34239	 	-		•
NAME			·	1000008 03/21/08-8	
STREET ADDRESS CITY-ST-ZIP				00/21/00/1	1004i-050 100.10
TITLE		.	_	•	,
NAME STREET ADDRESS				:	
CITY-ST-ZIP				DO NOT W	RITE
TITLE] , ,]	IN THIS SP	ACE
NAME STREET ADDRESS			, ,	,	
CITY-SI-ZIP			. "	* %.	• • • •
TITLE NAME				•	.` *
STREET ADDRESS				•	* **
CITY-SI-ZIP TITLE			- "		** • ** ** · · ·
NAME			4, 4		rry y ar a transfer of the second of the se
STREET ADDRESS				. 46.	

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PROFES NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: