

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90438 010 \*\*\*\*50.00

<b>DOCUMENT # L05000024179</b>					
<b>1. Entity Name</b> MID-STATE INVESTORS, LLC					
<b>Principal Place of Business</b> 1351-59TH AVENUE EAST BRADENTON, FL 34203			<b>Mailing Address</b> 1351-59TH AVENUE EAST BRADENTON, FL 34203		
<b>2. Principal Place of Business - No P.O. Box #</b> 3261 Logue Road		<b>3. Mailing Address</b> 3261 Logue Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Myakka City, FL		<b>City &amp; State</b> Myakka City, FL		<b>4. FEI Number</b> 20-2650009	
<b>Zip</b> 34251		<b>Country</b>		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  JOHNSON, JULIAN D 1351-59TH AVENUE EAST BRADENTON, FL 34203			<b>7. Name and Address of New Registered Agent</b> Name <u>Julian D. Johnson</u> Street Address (P.O. Box Number is Not Acceptable) <u>3261 Logue Road</u> City <u>Myakka City</u> <u>FL</u> <u>34251</u>		
<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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</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	MGRM JOHNSON, RONALD W 3411 71ST ST, E PALMETTO, FL 34221	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, JULIAN D 1351 59TH AVE, E BRADENTON, FL 34203	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Johnson, Julian D 3261 Logue Rd. Myakka City, FL 34251	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Johnson, Julian D 3261 Logue Rd. Myakka City, FL 34251	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Johnson, Julian D 3261 Logue Rd. Myakka City, FL 34251	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Johnson, Julian D 3261 Logue Rd. Myakka City, FL 34251	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Johnson, Julian D 3261 Logue Rd. Myakka City, FL 34251	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Julian D. Johnson</u>		3/28/07 (941) 809-4510			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	