

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025476

Entity Name: 1914 MIDDLE ST. LLC

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

935 HARBOUR BAY DRIVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

935 HARBOUR BAY DRIVE
TAMPA, FL 33602

New Mailing Address:

FEI Number: 81-0676292 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRATZ, MICHAEL E
935 HARBOUR BAY DRIVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGR () Delete
Name: GRATZ, MICHAEL E
Address: 935 HARBOUR BAY DRIVE
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: HASKIN, WILLIAM B JR.
Address: 2864 BROWNELL AVENUE
City-St-Zip: SULLIVANS ISLAND, SC 29482

Title: MGRM () Delete
Name: RHODES, SAMUEL
Address: 2019 MIDDLE STREET
City-St-Zip: SULLIVAN'S ISLAND, SC 29482

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: MICHAEL GRATZ

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date