

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026409

Entity Name: MIDWAY 100 EAST, LLC

FILED  
May 09, 2006  
Secretary of State

**Current Principal Place of Business:**

1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON, FL 33487

**New Mailing Address:**

FEI Number: 20-2619048      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:**

**Name and Address of New Registered Agent:**

FINKELSTEIN, RICHARD  
1000 CLINT MOORE ROAD, SUITE 110  
BOCA RATON, FL 33487      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/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MEMB ( ) Change (X) Addition  
Name: FINKELSTEIN, RICHARD  
Address: 1000 CLINT MOORE RD STE 110  
City-St-Zip: BOCA RATON, FL 33487

Title: MEMB ( ) Change (X) Addition  
Name: ENDELSON, KENNETH M  
Address: 1000 CLINT MOORE RD STE 110  
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD FINKELSTEIN

MEMB

05/09/2006

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