

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029111

FILED
Apr 21, 2007
Secretary of State

Entity Name: MIDDLE (E) NVESTMENT, LLC

Current Principal Place of Business:

3415 N. 55TH STREET
TAMPA, FL 33619 US

New Principal Place of Business:

4310 DUNMORE AVE
11
TAMPA, FL 33611 US

Current Mailing Address:

3415 N. 55TH STREET
TAMPA, FL 33619 US

New Mailing Address:

4310 DUNMORE AVE
11
TAMPA, FL 33611 US

FEI Number: 83-0428083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGRM () Delete
Name: CLEVELAND, JOHN E
Address: 3415 N. 55TH STREET
City-St-Zip: TAMPA, FL 33619 US

Title: MGRM () Delete
Name: CLEVELAND, ROBERT E JR.
Address: 4203 MARINER'S COVE CT, APT# 203
City-St-Zip: TAMPA, FL 33610 US

Title: MGRM () Delete
Name: CLEVELAND, PENELOPE E
Address: 4203 MARINER'S COVE CT, APT #203
City-St-Zip: TAMPA, FL 33610 US

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 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: JOHN CLEVELAND

MGRM

04/21/2007

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