

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000036779

FILED
Aug 31, 2007
Secretary of State**Entity Name:** MIDWAY SQUARE, LLC**Current Principal Place of Business:**900 N FEDERAL HWY
STE 210
BOCA RATON, FL 33432 US**New Principal Place of Business:****Current Mailing Address:**900 N FEDERAL HWY
STE 210
BOCA RATON, FL 33432 US**New Mailing Address:****FEI Number:** 61-1488393 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CARMAN, DEBORAH A
165 E. PALMETTO PARK RD
BOCA RATON, FL 33432 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: BROWN, KENNETH
Address: 401 W. LINTON BLVD.
City-St-Zip: DELRAY BEACH, FL 33444 US**Title:** MGRM () Delete
Name: CHARLES SIMON AND BA, RBARA SIMON AS TENANCY
Address: 900 N FEDERAL HWY #210
City-St-Zip: BOCA RATON, FL 33431 US**Title:** MGRM () Delete
Name: KRAMER, KEVIN
Address: 9571 EAST LAKE DR
City-St-Zip: BOCA RATON, FL 33434**Title:** MGRM () Delete
Name: BERGER, JACK S
Address: 165 E. PALMETTO PARK RD.
City-St-Zip: BOCA RATON, FL 33432 US**Title:** () Delete
Name:
Address:
City-St-Zip:**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:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: WILLNER, ERIC A
Address: 900 N. FEDERAL HWY, SUITE 210
City-St-Zip: BOCA RATON, FL 33432 US

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: BARBARA SIMON

MGRM

08/31/2007

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