

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90147 025 ****50.00

DOCUMENT # L05000047179

1. Entity Name

MIDTOWN METROPOLIS LLC



Principal Place of Business

423 ALL SAINTS CT
TALLAHASSEE FL 32301

Mailing Address

423 ALL SAINTS ST
TALLAHASSEE FL 32301



2. Principal Place of Business

310 Blount St.
Suite, Apt. #, etc. 108
City & State Tallahassee, FL
Zip 32301 Country US

3. Mailing Address

P.O. Box 15694
Suite, Apt. #, etc.
City & State Tallahassee, FL
Zip 32317 Country US

1st MOORE

CR2E083 (10/05)

4. FEI Number

11-3754044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAYE, ADAM BOYNTON
567 INDUSTRIAL DR
TALLAHASSEE FL 32301

1243 Adams St.

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME KAYE, ADAM BOYNTON
STREET ADDRESS 423 ALL SAINTS CT P.O. Box 15694
CITY - ST - ZIP TALLAHASSEE FL 32301 32317

TITLE MGRM ☐ Delete
NAME ROSEN, PETER S
STREET ADDRESS 423 ALL SAINTS CT P.O. Box 15694
CITY - ST - ZIP TALLAHASSEE FL 32301 32317

TITLE MGRM ☐ Delete
NAME BYRNE, JOHN C III
STREET ADDRESS P.O. BOX 15694
CITY - ST - ZIP TALLAHASSEE FL 32317-5694

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/5/06

850-257-1145