

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90180 006 \*\*\*\*50.00

DOCUMENT # L05000047179

1. Entity Name

MIDTOWN METROPOLIS LLC



Principal Place of Business

310 BLOUNT ST  
108  
TALLAHASSEE FL 32301

Mailing Address

P.O BOX 15694  
TALLAHASSEE FL 32317



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

11-3754044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

KAYE, ADAM BOYNTON  
1243 ADAMS ST  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Peter S Rosen

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

310 Blount St. #108

City Tallahassee

FL

Zip Code 32301

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE ☒ Delete  
NAME MGRM  
STREET ADDRESS KAYE, ADAM BOYNTON  
CITY- ST- ZIP P.O. BOX 15694  
TALLAHASSEE FL 32317

TITLE ☐ Delete  
NAME MGRM  
STREET ADDRESS ROSEN, PETER S  
CITY- ST- ZIP P.O. BOX 15694  
TALLAHASSEE FL 32317

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

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 #