

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048610

Entity Name: MIDTOWN DELRAY, LLC

FILED
Apr 14, 2008
Secretary of State

Current Principal Place of Business:

1000 NW 17TH AVE.
DELRAY BEACH, FL 33445

New Principal Place of Business:

6420 CONGRESS AVENUE
SUITE 2000
BOCA RATON, FL 33487

Current Mailing Address:

1000 NW 17TH AVE.
DELRAY BEACH, FL 33445

New Mailing Address:

6420 CONGRESS AVENUE
SUITE 2000
BOCA RATON, FL 33487

FEI Number: 86-1138971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEVINSON, TERI
1000 NW 17TH AVE.
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

GEVINSON, TERI
6420 CONGRESS AVE
SUITE 2000
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:

04/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ASCOT GROVES, LLC.,
Address: 1000 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: LINTON GROVES INVEST, MENTS, LLC.
Address: 12460 W. ATLANTIC BLVD.
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ASCOT GROVES, LLC.,
Address: 6420 CONGRESS AVENUE, SUITE 2000
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ASCOT GROVES, LLC

MGRM

04/14/2008

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