

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000048610

Entity Name: MIDTOWN DELRAY, LLC

FILED  
Feb 05, 2009  
Secretary of State

**Current Principal Place of Business:**

6420 CONGRESS AVENUE  
SUITE 2000  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

6420 CONGRESS AVENUE  
SUITE 2000  
BOCA RATON, FL 33487

**New Mailing Address:**

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  
6420 CONGRESS AVE  
SUITE 2000  
BOCA RATON, FL 33487 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: ASCOT GROVES, LLC.,  
Address: 6420 CONGRESS AVENUE, SUITE 2000  
City-St-Zip: BOCA RATON, FL 33487

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

**ADDITIONS/CHANGES:**

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 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.

M

02/05/2009

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