2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2006
Secretary of State

DOCUMENT# L05000061791

Entity Name: MIDTOWN INVESTMENTS, LLC

Current Principal Place of Business:

1147 NE 4 AVENUE
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1147 NE 4 AVENUE
FORT LAUDERDALE, FL 33304

New Mailing Address:

1225 NE 16TH TERRACE
FORT LAUDERDALE, FL 33304

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORNEAL, FORREST B
1147 NE 4 AVENUE
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

KENNEDY, KAREN J
1225 NE 16TH TERRACE
FORT LAUDERDALE, FL 33304 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: FORREST B. CORNEAL 02/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CORNEAL, FORREST B
Address: 1147 NE 4 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGM (X) Change ( ) Addition
Name: CORNEAL, FORREST B
Address: 1147 NE 4 AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGM ( ) Change (X) Addition
Name: KENNEDY, KAREN J
Address: 1225 NE 16TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the 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: FORREST B. CORNEAL MGM 02/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date