



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90042 045 ****50.00

DOCUMENT # L05000063465					
1. Entity Name MIDWEST CONNECTION, LLC					
Principal Place of Business 8169 SARATOGA DRIVE UNIT 1203 NAPLES, FL 34113			Mailing Address 8169 SARATOGA DRIVE UNIT 1203 NAPLES, FL 34113		
2. Principal Place of Business 7822 Classics Dr Suite, Apt. #, etc.		3. Mailing Address 7822 Classics Dr Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-3062971	
Zip 34113		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKLEY, LELAN G 8169 SARATOGA DRIVE UNIT 1203 NAPLES, FL 34113				7. Name and Address of New Registered Agent Name: Beckley, Lelan G. Street Address (P.O. Box Number is Not Acceptable): 7822 Classics Dr City: Naples FL Zip Code: 34113	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKLEY, LELAN G 8169 SARATOGA DRIVE #1203 NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, CRAIG L 1443 MARLIN DRIVE NAPLES, FL 34102	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECKLEY, LELAN G 8169 SARATOGA DRIVE #1203 NAPLES, FL 34113	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Lelan G. Beckley Lelan G. Beckley President 6-14-06 239-438-7019					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					