


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-27-2006 90049 005 ****50.00

DOCUMENT # L05000068978	
1. Entity Name MIDTOWN VILLAGE, LLC	

Principal Place of Business 330 SUNSET DRIVE POMPANO BEACH, FL 33062	Mailing Address 330 SUNSET DRIVE POMPANO BEACH, FL 33062
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30004266

2. Principal Place of Business 2070 N. OCEAN BLVD #3	3. Mailing Address P.O. BOX 4110
Suite, Apt. #, etc. #3	Suite, Apt. #, etc.
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33431	Country USA



02122006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3765958	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301
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7. Name and Address of New Registered Agent	
Name ZVI LEVIN	
Street Address (P.O. Box Number is Not Acceptable) 2070 N. OCEAN BLVD. #3	
City BOCA RATON	FL Zip Code 33431

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 ZVI LEVIN DATE 3/20/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$60.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE MANAGING MEMBER	<input type="checkbox"/> Delete
NAME ZVI LEVIN	
STREET ADDRESS PO BOX 4110	
CITY-ST-ZIP BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: ZVI LEVIN DATE 3/20/06 DAYTIME PHONE 561-391-9233
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE