2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

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Entity Name: MIDBLOCK PARTNERS, LLC

Current Principal Place of Business:

C/O FINANCE GROUP
2 CUTTERMILL ROAD, 2ND FLOOR
GREAT NECK, NY 11021 US

New Principal Place of Business:

3110 NE 2ND AVENUE
MIAMI, FL 33137 US

Current Mailing Address:

C/O FINANCE GROUP
2 CUTTERMILL ROAD, 2ND FLOOR
GREAT NECK, NY 11021 US

New Mailing Address:

FEI Number: 20-3759704 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: FINK, RAPHAEL
Address: 2 CUTTERMILL ROAD, 2ND FLOOR
City-St-Zip: GREAT NECK, NY 11021 US

Title: MGRM ( ) Delete
Name: TACCONI, KELLY
Address: 2 CUTTERMILL ROAD, 2ND FLOOR
City-St-Zip: GREAT NECK, NY 11021 US

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 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: KELLY TACCONI MGRM 05/03/2006

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