


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000103765


1. Entity Name
 MIDPHI, L.L.C.



Principal Place of Business
 7075 BRENTFORD ROAD
 SARASOTA, FL 34241

Mailing Address
 7075 BRENTFORD ROAD
 SARASOTA, FL 34241

DO NOT WRITE IN THIS SPACE



04242008No Chg-LLC CR2E083 (12/07)

4. FEI Number 16-1737510	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN L
 200 SOUTH ORANGE AVE.
 SARASOTA, FL 34236

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000929443
 05/21/08-80068-025 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ANDERSON, PHILLIP W 7075 BRENTFORD RD SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCDONALD, JOHN P 8130 MISTY OAKS BLVD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Phillip W Anderson Date: 4/25/08 Daytime Phone #: 941-371-2816

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE