## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # L0600001953  1. Entity Name MIDWAY TERRACE, L.L.C.						04-23-2007	90355 013 ****5	50.00
Principal Place 7053 MIDWA OCALA, FL 3	Y TERRACE	Mailing Address 104 MOUNTAIN VIEW ROAD CORTLANDT MANOR, NY 10567		1 ( <b>420</b> (5 din) (6 din) (6	ere dili: etiil sani ban	ni awini awini (kina kina ani a	I KARRA I ITA I KARA	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number 54-	219100	7	pplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate o	f Status Desired	S5.00 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	Uddress of New R	legistered Agent	
WEDGE COUNTY				Name				
WEBSTER, RONALD S 979 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145				Street Address (P.O. Box Number is Not Acceptable)				
. "				City			FL Zip Coo	ie
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.							, and accept	
SIGNATURE								
Filing Fee is \$50.00 Due by May 1, 2007								
Fi De	iling Fee is \$50.00 ue by May 1, 2007						e check payable to a Department of Stat	te
Fi De 9.	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.	<del></del>			B Department of Stat	be .
		RS/MANAGERS	10.			Florida	B Department of Stat	Addition
9.	MANAGING MEMBE MGRM JANI, MILIND B		TITLE			Florida	Department of State /CHANGES	
9. TITLE	MANAGING MEMBE	☐ Delete	TITLE NAME STREE			Florida	Department of State /CHANGES	
9. Title Name Street address	MANAGING MEMBE MGRM JANI, MILIND B 104 MOUNTAIN VIEW ROAD	☐ Delete	TITLE NAME STREE	ET ADDRESS -ST-ZIP		Florida	Department of State /CHANGES	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM JANI, MILIND B 104 MOUNTAIN VIEW ROAD	□ Delete	TITLE NAME STREE CITY-	E ET ADDRESS ST-ZIP		Florida	a Department of State /CHANGES   Change	☐ Addition
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I. 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 eath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 1/6

TYPED OR RUNTED MAKE OF BIGHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-07

914-309-0664

Daytme Phone #