


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90142 009 \*\*\*\*50.00

<b>DOCUMENT # L06000005726</b> 1. Entity Name <b>MIDWAY ON HIGGINS, LLC</b>					
Principal Place of Business <b>3560 N.W. 63RD STREET</b> <b>OCALA, FL 34475 US</b>			Mailing Address <b>P.O. BOX 2794</b> <b>OCALA, FL 34478 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country			
4. FEI Number <b>20-4229483</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>RAINBOW, CAROLYN R</b> <b>3560 N.W. 63RD STREET</b> <b>OCALA, FL 34475</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>CAROLYN ROGERS RAINBOW REVOCABLE TRUST</b> <b>3560 N.W. 63RD STREET</b> <b>OCALA, FL 34475</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>WILLIAM ARTHUR T. RAINBOW REVOCABLE TRUST</b> <b>3560 N.W. 63RD STREET</b> <b>OCALA, FL 34475</b>		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	
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.					
<b>SIGNATURE: <u>Carolyn R. Rainbow</u> Carolyn R. Rainbow 3/19/07 352-629-3193</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					