2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000005726

MIDWAY ON HIGGINS, LLC



FILED Jan 25, 2008 08:00 AM **Secretary of State**

Principal Place of Business 3560 N.W. 63RD STREET OCALA, FL 34475 US Mailing Address

P.O. BOX 2794

OCALA, FL 34478

US



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01242008No Chq-LLC

CR2E083 (12/07)

4. FEI Number 20-4229483

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAINBOW, CAROLYN R 3560 N.W. 63RD STREET OCALA, FL 34475

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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.

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

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAROLYN ROGERS RAINBOW REVOCABLE TRUST 3560 N.W. 63RD STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM ARTHUR T. RAINBOW REVOCABLE TRUST 3560 N.W. 63RD STREET OCALA, FL 34475
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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.

andro R. Rainbow 1/24/08 352-629 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE