

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005726

Entity Name: MIDWAY ON HIGGINS, LLC

FILED  
Jan 10, 2009  
Secretary of State

**Current Principal Place of Business:**

3560 N.W. 63RD STREET  
OCALA, FL 34475 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2794  
OCALA, FL 34478 US

**New Mailing Address:**

FEI Number: 20-4229483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAINBOW, CAROLYN R  
3560 N.W. 63RD STREET  
OCALA, FL 34475 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: CAROLYN ROGERS RAINB, OW REVOCABLE T R UST  
Address: 3560 N.W. 63RD STREET  
City-St-Zip: OCALA, FL 34475 US

Title: MGRM ( ) Delete  
Name: WILLIAM ARTHUR T. RA, INBOW REVOCABL E TRUST  
Address: 3560 N.W. 63RD STREET  
City-St-Zip: OCALA, FL 34475 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 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: CAROLYN R. RAINBOW

MGRM

01/10/2009

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