

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000043559

FILED
Nov 20, 2007
Secretary of State

Entity Name: MIDWAY PLAZA LLC

Current Principal Place of Business:

851 HOMESTEAD RD S
LEHIGH ACRES, FL 33936

New Principal Place of Business:

Current Mailing Address:

1217B HOMESTEAD RD N
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PLUNKETT, LUSCETTA
1217B HOMESTEAD RD N
LEHIGH ACRES, FL 33936 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: PLUNKETT, LUSCETTA
Address: 1217B HOMESTEAD RD N
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: MGR () Delete
Name: TAYLOR, HUBERT E
Address: 3054 52ND STREET SW
City-St-Zip: NAPLES, FL 34116 US

Title: MGR (X) Delete
Name: TAYLOR, ROXANNE
Address: 3054 52ND STREET SW
City-St-Zip: NAPLES, FL 34116 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PLUNKETT, LUSCETTA
Address: 1217B HOMESTEAD RD N
City-St-Zip: LEHIGH ACRES, FL 33936 US

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: LUSCETTA PLUNKETT

MGRM

11/20/2007

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