

FILED
Apr 26, 2007 8:00 am
Secretary of State

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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03-23-2007 90169 022 ****55.00

DOCUMENT # L06000084508			
1. Entity Name MIDWAY TOWN CENTER, LLC			
Principal Place of Business 3628 SE 18TH AVENUE OCALA, FL 34471		Mailing Address 3628 SE 18TH AVENUE OCALA, FL 34471	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5456299		Applied For Not Applicable	
5. Certificate of Status Desired ☒		\$5.00 Additional Fee Required	
5. Name and Address of Current Registered Agent HUDSON, BRIAN D ESQ. 1028 LAKE SUMTER LANDING THE VILLAGES, FL 32182		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's signature required when resigning)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILLS LAND TRUST INC 3628 SE 18TH AVENUE OCALA, FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINDSOR FIELDS, LLC 190 OAK STREET MEDFORD, NY 11763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUZ SALLDARRIAGE EURIBE FAMILY TRUST 2408 SE 22ND PLACE OCALA, FL 34471 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 808, Florida Statutes.			
SIGNATURE: <i>Ronald D. [Signature]</i>		Date: <i>3/14/07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

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