


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90175 027 ****50.00

DOCUMENT # L06000102024

1. Entity Name
 726 MIDDLE RIVER, LLC



Principal Place of Business
 1323 SE 3RD AVENUE
 FT LAUDERDALE, FL 33316

Mailing Address
 1323 SE 3RD AVENUE
 FT LAUDERDALE, FL 33316

2. Principal Place of Business - No P.O. Box #
 1850 SE 17th Street
 Suite, Apt. #, etc.
 Suite 300

3. Mailing Address
 1850 SE 17th Street
 Suite, Apt. #, etc.
 Suite 300

City & State
 Ft. Lauderdale, FL

City & State
 Ft. Lauderdale, FL

Zip
 33316

Country
 SA

Zip
 33316

Country
 USA

02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number
 20-8298026

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent

BALOCCO, JOSEPH M
 1323 SE 3RD AVENUE
 FT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent

Name
 Wright Peter W.

Street Address (P.O. Box Number is Not Acceptable)
 1850 SE 17th Street
 Suite 300

City
 Ft. Lauderdale

FL

Zip Code
 33316

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALOCCO, JOSEPH M 1323 SE 3RD AVENUE FT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hudson, Steven W. 1850 SE 17th Street, Suite 300 Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Wright, Peter W. 1850 SE 17th Street, Suite 300 Ft. Lauderdale, FL 33316	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: Peter W. Wright 3/16/07 954-356-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #