


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90030 047 \*\*\*138.75

<b>DOCUMENT # L07000078794</b> 1. Entity Name <b>MID-FLORIDA PROPERTIES, LLC</b>					
Principal Place of Business <b>1505 N.E. 28TH DRIVE WILTON MANORS, FL 33334</b>			Mailing Address <b>1505 N.E. 28TH DRIVE WILTON MANORS, FL 33334</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>JOHNSON, HENRY W JOHNSON, ZIPPAY &amp; WALTERS P.A. 1401 N. UNIVERSITY DRIVE, SUITE 301 CORAL SPRINGS, FL 33071</b>				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City	
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.				4. FEI Number <b>26-0635863</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARGADEN, JAMES 1505 N.E. 28TH DRIVE WILTON MANORS, FL 33334		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAGLIAVIA, PAUL 1505 N.E. 28TH DRIVE WILTON MANORS, FL 33334		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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.					
<b>SIGNATURE:</b> <u>James Hargaden</u>			4/25/07 454 258 3056		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

**ATTACHMENT**  
60034354  
#C07000078794

CP 575 B

1912001337

DATE OF THIS NOTICE: 08-08-2007  
EMPLOYER IDENTIFICATION NUMBER: 26-0635863  
FORM: SS-4 NOBOD

**INTERNAL REVENUE SERVICE**  
**CINCINNATI OH 45999-0023**

MID FLORIDA PROPERTIES LLC  
JAMES HARGADEN MBR  
1505 NE 28 DRIVE  
WILTON MANORS FL 33334