

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90058 006 \*\*\*138.75

<b>DOCUMENT # L07000108394</b> 1. Entity Name MIDFLORIDA REAL ESTATE SALES, L.L.C.													
Principal Place of Business 3008 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			Mailing Address 3008 SOUTH FLORIDA AVENUE LAKELAND, FL 33803										
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 <div style="font-size: 1.2em; font-family: cursive;">26-1481756</div> <div style="float: right; text-align: right;"> <input type="checkbox"/> Applied For  <input checked="" type="checkbox"/> Not Applicable         </div>									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04232008    Chg-LLC    CR2E083 (12/06)									
6. Name and Address of Current Registered Agent  GIBSON, SANDRA 3008 SOUTH FLORIDA AVENUE LAKELAND, FL 33803			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;">City</td> <td style="padding: 2px;"> <div style="float: right;">           FL    Zip Code         </div> </td> </tr> </table>			Name		Street Address (P.O. Box Number is Not Acceptable)				City	<div style="float: right;">           FL    Zip Code         </div>
Name													
Street Address (P.O. Box Number is Not Acceptable)													
City	<div style="float: right;">           FL    Zip Code         </div>												
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____													
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>										
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	GIBSON, SANDRA		NAME										
STREET ADDRESS	3008 SOUTH FLORIDA AVENUE		STREET ADDRESS										
CITY-ST-ZIP	LAKELAND, FL 33803		CITY-ST-ZIP										
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME	MARTIN, MELISA LYNN		NAME										
STREET ADDRESS	2160 E.F. GRIFFIN ROAD		STREET ADDRESS										
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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> <i>Sandra M. Gibson</i>			<div style="float: right; font-size: 1.2em; font-family: cursive;">4/23/08</div>										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date      Daytime Phone #</small>										

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