


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000002694 1. Entity Name MIDWAY PROPERTIES OF ST. LUCIE COUNTY, L.C.	
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Principal Place of Business 161 N. CAUSEWAY SUITE 8 NEW SMYRNA, FL 32169	Mailing Address 161 N. CAUSEWAY SUITE 8 NEW SMYRNA, FL 32169
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04072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1718704	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FEE, FRANK H III, ESQ 401 SOUTH INDIAN RIVER DRIVE FORT PIERCE, FL 34950
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000296365
04/09/05-80066-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUNSFORD, EDWIN C JR, TRUS 161 N. CAUSEWAY SUITE 8 NEW SMYRNA, FL 32169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM LUNSFORD, JOSEPH L JR, TRUS 900 N.W. 6TH TERRACE BOCA RATON, FL 33846
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM NORTHERN TRUST BANK, TRUSTEE 700 BRICKELL AVENUE MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Edwin C. Lunsford Jr. **Edwin C. Lunsford Jr** 4/7/05 3864276474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #