

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000002694	
1. Entity Name MIDWAY PROPERTIES OF ST. LUCIE COUNTY, L.C.	

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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01182006 No Chg-LLC

CR2E083 (11/05)

4. FCI Number 59-1718704	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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 fee, if applicable	(NOTE: Registered Agent's signature required when reconstituting)	DATE _____
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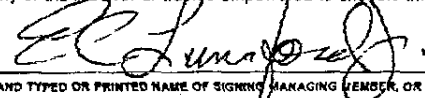
**Filing Fee is \$50.00
Due by May 1, 2006**

UN0000456682
03/16/06-80036-024 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	

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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 806, Florida Statutes.

SIGNATURE: 	E.C. Lunsford Jr.	3/1/06	3864276474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #