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	Mailing Address
161 N. CAUSEWAY SUITE 8 NEW SMYRNA, FL 32169	161 N. CAUSEWAY SUITE 8 NEW SMYRNA, FL 32169

DO NOT WRITE IN THIS SPACE

01182006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-1718704
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

(800004586832
03/16/06-80036-024 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LUNSFORD, EDWIN C JR,TRUS
STREET ADDRESS	161 N. CAUSEWAY SUITE 8
CITY-ST-ZIP	NEW SMYRNA, FL 32169
TITLE	MEM
NAME	LUNSFORD, JOSEPH L JR,TRUS
STREET ADDRESS	900 N.W. 6TH TERRACE
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	MEM
NAME	NORTHERN TRUST BANK, TRUSTEE
STREET ADDRESS	700 BRICKELL AVENUE
CITY-ST-ZIP	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 605, 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 #