

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 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



01092008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0979986

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

**DO NOT WRITE  
IN THIS SPACE**

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 reissuing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**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 33846
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	

000000838222  
03/05/08-80022-011-138.75

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IN THIS SPACE**

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.

**SIGNATURE:** *Edwin C. Lunsford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR AUTHORIZED REPRESENTATIVE

*19 FEB 08* 386-427-6474  
Date Daytime Phone #