

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000001453**

1. Entity Name  
**MIDLAND OWNERS LLC**



Principal Place of Business  
**108-18 QUEENS BLVD., STE. 302  
FOREST HILLS, NY 11375**

Mailing Address  
**108-18 QUEENS BLVD., STE. 302  
FOREST HILLS, NY 11375**



03082004 No Chg-LLC

CR2E063 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-2942613**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RUDOFISKY, BARRY  
4147 SOUTH TAMiami TRAIL  
VENICE, FL 34293**

**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

*Barry Rudofsky*

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, 2004**

000000086680  
03/12/04-80032-023 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BRONSTEIN, ALBERT  
111 CHERRY VALLEY AVE  
GARDEN CITY, NY 11530**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BRONSTEIN, EILEEN  
111 CHERRY VALLEY AVE  
GARDEN CITY, NY 11530**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
SILVERMAN, JOANNE  
435 EAST 79TH ST., APT. 9G  
NEW YORK, NY 10021**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
KATZ, RACHELLE  
21 ANDOVER RD.  
OLD WESTBURY, NY 11568**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BRONSTEIN RUDOFISKY, CARYN  
18 ANDOVER RD.  
OLD WESTBURY, NY 11568**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
RUDOFISKY, BARRY  
18 ANDOVER RD.  
OLD WESTBURY, NY 11568**

**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:**

*Barry Rudofsky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03-08-04