2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# M03000001266

Entity Name: MIDLAND ACQUISITIONS, L.L.C.

Current Principal Place of Business:

1021 OAK STREET
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1021 OAK STREET
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 55-0827909 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARHAM, WILLIAM H JR.
1021 OAK STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PARHAM, WILLIAM H
Address: 1021 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete
Name: WIELANSKY, LEE S
Address: 721 EMERSON RD., SUITE 100
City-St-Zip: ST. LOUIS, MO 63141

Title: MGRM ( ) Delete
Name: GULLIFORD, WILLIAM I
Address: 1021 OAK STREET
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM H. PARHAM JR MGRM 04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date