

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001003

FILED
Mar 22, 2007
Secretary of State

Entity Name: MID FLORIDA REALTY INVESTMENTS, LLC

Current Principal Place of Business:

5900 TURKEY LAKE RD., STE A
ORLANDO, FL 32819

New Principal Place of Business:

5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, F 32819

Current Mailing Address:

5900 TURKEY LAKE RD., STE A
ORLANDO, FL 32819

New Mailing Address:

5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, FL 32819

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HARRIS, IMELDA E
5900 TURKEY LAKE RD., STE A
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

HARRIS, IMELDA E
5900 TURKEY LAKE ROAD
SUITE A
ORLANDO, FL 32819 US

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: IMELDA E. HARRIS

03/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARRIS, THOMAS D
Address: 5900 TURKEY LAKE RD., STE A
City-St-Zip: ORLANDO, FL 32819

Title: MGR () Delete
Name: HARRIS, IMELDA E
Address: 5900 TURKEY LAKE RD., STE A
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

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 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: THOMAS D. HARRIS

MGR

03/22/2007

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