

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001003

FILED  
Jul 08, 2008  
Secretary of State

**Entity Name:** MID FLORIDA REALTY INVESTMENTS, LLC

**Current Principal Place of Business:**

5900 TURKEY LAKE ROAD  
SUITE A  
ORLANDO, F 32819

**New Principal Place of Business:**

**Current Mailing Address:**

5900 TURKEY LAKE ROAD  
SUITE A  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 20-2337887      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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:

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 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

P

07/08/2008

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