## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 22, 2005 08:00 AM Secretary of State

Daytime Phone #

	WILLIAM	_ KEPUKI		a da a	4 604 4	
DOCUMENT # M9700000774  1. Entity Name MIDWAY PLAZA GP LLC				Secr	etary of State	
Principal Place of Business C/O STERLING AMERICAN PROPERTY II L.P. 111 GREAT NECK ROAD, SUITE 408 GREAT NECK, NY 11021  Mailing Address C/O STERLING AMERICAN PRO 111 GREAT NECK ROAD, SUITE GREAT NECK, NY 11021		PERTY II L.P. E 408				
		·				
DO NOT WRITE IN THIS SPACE				01042005 No Chg-LLC	CR2E083 (10/03)	
DO NOT WHITE IN THIS SPA			<b>C</b> E	4. FEI Number 11-3406857	Applied For Not Applicable	
		- Company of the Comp		5. Certificate of Status Desired	\$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	/2   142 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	### M		
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD. SUITE 508				DO NOT WE		
	33156-0000			IN THIS SPA	ACE	
8. The above the obligat	named entity submits this statement for tions of registered agent,	r the purpose of changing its register	ed office or register	ed agent, or both, in the State of Floric	da. I am familiar with, and accept	
SIGNATURE_				••		
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE						
Fi D	lling Fee is \$50.00 ue by May 1, 2005					
9.	MANAGING MEMBE	RS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAP II MANAGER INC. 111 GREAT NECK ROAD, SUITE 408 GREAT NECK, NY 11021			Unnon2395 <b>74</b> 02/22/05-80051-019 <b>50.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			· 1/6/ 66/ (1978)	wsi-nia <b>20.0</b> 0	
TITLE NAME STREET ADDRESS		·				
CITY-ST-ZIP				DO NOT WE	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second s		200 A Part 3 . 1 · C. 27		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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 regelyer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

Michael Katz