

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007020

FILED
Mar 10, 2005
Secretary of State

Entity Name: GAYLORD MERLIN LUDOVICI DIAZ & BAIN, P.L.

Current Principal Place of Business:

5001 WEST CYPRESS STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5001 WEST CYPRESS STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 59-3652186

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAYLORD, S. CARY
5001 WEST CYPRESS STREET
TAMPA, FL 33607 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/MEMBERS:

Title: MGR () Delete
Name: GAYLORD, S. CARY
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: MERLIN, KIMBEL L
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: LUDOVICI, LORENA H
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: DIAZ, ANDREW G
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: BAIN, PAUL D
Address: 5001 WEST CYPRESS STREET
City-St-Zip: TAMPA, FL 33607

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:

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 Section 119.07(3)(i), 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: S. CARY GAYLORD

MGR

03/10/2005

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