

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010476

FILED
Jun 29, 2005
Secretary of State

Entity Name: PINELLAS REAL ESTATE GROUP, L.L.C.

Current Principal Place of Business:

5925 9TH STREET NORTH
ST PETERSBURG, FL 33703

New Principal Place of Business:

132 10TH AVENUE NORTH
103
SAFETY HARBOR, FL 34695

Current Mailing Address:

5925 9TH STREET NORTH
ST PETERSBURG, FL 33703

New Mailing Address:

132 10TH AVENUE NORTH
103
SAFETY HARBOR, FL 34695

FEI Number: 59-3662162 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:

HAGMAN, BRIAN R
5925 9TH STREET NORTH
ST PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

HAGMAN, BRIAN R
132 10TH AVENUE NORTH
103
SAFETY HARBOR, FL 34695 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: _____

06/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAGMAN, BRIAN R
Address: 5925 9TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HAGMAN, BRIAN R
Address: 132 10TH AVENUE NORTH
City-St-Zip: SAFETY HARBOR, FL 34695

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: BRIAN R. HAGMAN

MGRM

06/29/2005

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