


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90136 015 ****50.00

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|---|--|--|---|---|--|
| DOCUMENT # L02000014301 1. Entity Name 1700 SOUTH MACDILL, LLC | | | |  | |
| Principal Place of Business 801 NORTH ARMENIA AVENUE TAMPA, FL 33609 | | | Mailing Address 801 NORTH ARMENIA AVENUE TAMPA, FL 33609 | | |
| 2. Principal Place of Business <i>1700 S. MacDill Avenue</i> | | 3. Mailing Address <i>1700 S. MacDill Avenue</i> | | | |
| Suite, Apt. #, etc. <i>Suite 240</i> | | Suite, Apt. #, etc. <i>Suite 240</i> | | | |
| City & State <i>Tampa, Florida</i> | | City & State <i>Tampa, Florida</i> | | | |
| Zip <i>33629</i> | | Country <i>USA</i> | | 4. FEI Number 03-0460194 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA, FL 33602 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ASAP CAPITAL PARTNERS, INC. 707 W. AZEELE STREET TAMPA, FL 33606 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>1700 S. MacDill Ave. Suite 340</i> <i>Tampa, FL 33629</i> | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Heady Sth</i> | | | Date: <i>1/14/04</i> | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |