2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90149 035 ****55.00

DOCUMENT # L04000016247

1. Entity Name
PINELLAS LEGAL CENTER, PL

Principal Place of Business	Mailing Address
~~7650 GIBRALTER COURT NORTH~~	~~7650 GIBRALTER COURT NORTH~~
ST. PETERSBURG, FL ~~33709~~	ST. PETERSBURG, FL ~~33709~~

01162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
2429 Central Avenue		2429 Central Avenue	
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210	
City & State St. Petersburg, Fl		City & State St. Petersburg FL	
Zip 33713	Country USA	Zip 33713	Country USA

4. FEI Number 76-0752437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JOSEPH, JOHN P	Name
~~7650 GIBRALTER COURT NORTH~~	Street Address (P.O. Box Number is Not Acceptable) 2429 Central Avenue
ST. PETERSBURG, FL ~~33709~~	Suite 210
	City St. Petersburg FL Zip Code 33713

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 ______ [signature] ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	mGRM	☒ Change ☐ Addition
NAME	JOSEPH, JOHN P		NAME	Joseph, John P	
STREET ADDRESS	~~7650 GIBRALTER COURT NORTH~~		STREET ADDRESS	2429 Central Avenue, Suite 210	
CITY-ST-ZIP	ST. PETERSBURG, FL ~~33709~~		CITY-ST-ZIP	St. Petersburg, Fl 33713	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ______ [signature] ______ 1/25/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #