
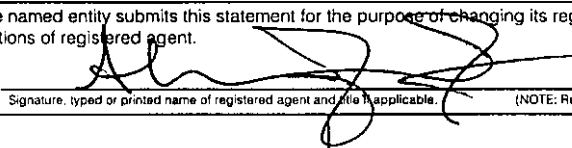
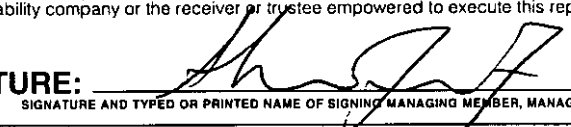


# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

SECURITY DIVISION  
05 DEC 13 AM 7:54

<b>DOCUMENT # L04000035391</b> 1. Entity Name INFINITY LARGO, LLC					
Principal Place of Business 801 WEST BAY DRIVE 602 LARGO, FL 33770			Mailing Address 801 WEST BAY DRIVE 602 LARGO, FL 33770		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	09302005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1115680				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BIZLAW 2350 N 34 STREET N 110 ST PETERSBURG, FL 33713			Name Andrew L. Zorovich Street Address (P.O. Box Number is Not Acceptable) 801 W. BAY DR. Suite 602 City LARGO FL Zip Code 33770		
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  <small>Signature, typed or printed name of registered agent and fee applicable.</small>			DATE 12/9/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Amended AR is \$50.00</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INFINITY FINANCIAL HOLDING CO. 1700 66TH STREET NORTH, STE. 301 ST. PETERSBURG, FL 33710			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 800062119268 12/13/05--01042--006 **\$0.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOROVICH, ANDREW L 801 WEST BAY DRIVE, STE. 602 LARGO, FL 33770			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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
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
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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				DATE 12/9/05 <small>Daytime Phone #</small>	