

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040206

Entity Name: 6108 33RD, LLC

FILED  
May 03, 2005  
Secretary of State

## Current Principal Place of Business:

1005 RIVERSIDE DRIVE  
PALMETTO, FL 34221

## New Principal Place of Business:

1005 RIVERSIDE DRIVE  
SUITE 200  
PALMETTO, FL 34221

## Current Mailing Address:

1005 RIVERSIDE DRIVE  
PALMETTO, FL 34221

## New Mailing Address:

1005 RIVERSIDE DRIVE  
SUITE 200  
PALMETTO, FL 34221

FEI Number: 20-1186719      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:

WAGNER, E. JOHN II  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34236 US

## Name and Address of New Registered Agent:

VAN DERNOORD, HARRY  
1001 RIVERSIDE DRIVE  
SUITE 200  
PALMETTO, FL 34221 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: HARRY VAN DERNOORD

05/03/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition  
Name: VAN DERNOORD, HARRY  
Address: 1001 RIVERSIDE DRIVE SUITE 200  
City-St-Zip: PALMETTO, FL 34221

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: HARRY VAN DERNOORD

MGR

05/03/2005

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