

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048982

FILED  
Jun 20, 2005  
Secretary of State

Entity Name: BSTREET, L.L.C.

## Current Principal Place of Business:

2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764

## New Principal Place of Business:

1250 S. BELCHER ROAD  
SUITE 160  
LARGO, FL 33771

## Current Mailing Address:

2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764

## New Mailing Address:

1250 S. BELCHER ROAD  
SUITE 160  
LARGO, FL 33771

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

O'CONNOR, PATRICK M ESQ.  
C/O O'CONNOR & ASSOCIATES  
2240 BELLEAIR ROAD, SUITE 160  
CLEARWATER, FL 33764 US

## Name and Address of New Registered Agent:

O'CONNOR, PATRICK M ESQ.  
1250 S. BELCHER ROAD  
SUITE 160  
LARGO, FL 33771 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:

06/20/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

## ADDITIONS/CHANGES:

Title: D ( ) Change (X) Addition  
Name: DEBENEDICTIS, ANTHONY  
Address: P. O. BOX 21947  
City-St-Zip: TAMPA, FL 33622

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: ANTHONY DEBENEDICTIS

D

06/20/2005

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