


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

07-21-2006 90082 007 ****50.00

30012473

| | | | |
|--|--|---|---|
| DOCUMENT # L05000106665 | |  | |
| 1. Entity Name PRIORITY INVESTMENTS OF TAMPA BAY, L.L.C. | | | |
| Principal Place of Business 20834 EUSTIS ROAD LAND O LAKES, FL 34637 | | Mailing Address 20834 EUSTIS ROAD LAND O LAKES, FL 34637 | |
| 2. Principal Place of Business 5535 MEMORIAL Hwy Suite, Apt. #, etc. | | 3. Mailing Address 5535 Memorial Hwy Suite, Apt. #, etc. | |
| City & State TAMPA, FL | | City & State TAMPA, FL | |
| Zip 33634 | | Country Hillsborough | |
| 4. FEI Number 203708715 | | 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 BURNS, DOUGLAS J 2559 NURSERY ROAD #A CLEARWATER, FL 33764 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL Zip Code | |
| 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 _____ | | 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 September 6, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President/treasurer Raymond C. Nichols Jr 5535 Memorial Hwy Tampa, FL 33634 <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 | Vice President Victor Wright 5535 Memorial Hwy Tampa, FL 33634 <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 | Vice President/Sec/ Christie Nichols 5535 Memorial Highway Tampa, FL 33634 <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 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: <u>Raymond C. Nichols Jr</u> | | Date: <u>7/12/2006</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |