


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90033 047 ****50.00

DOCUMENT # M03000004119 1. Entity Name LOEWS ST. PETE GP LLC	
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Principal Place of Business 667 MADISON AVENUE NEW YORK, NY 10021	Mailing Address 667 MADISON AVENUE NEW YORK, NY 10021
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DO NOT WRITE IN THIS SPACE

03312005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 81-0604881	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNLEAVY, VINCENT F 667 MADISON AVENUE NEW YORK, NY 10021
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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: Vincent F. Dunleavy VINCENT F. DUNLEAVY 4/4/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #