

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90061 037 \*\*\*\*50.00

20004159



01122005 Chg-LLC CR2E083 (10/03)

4. FEI Number **57-1141198** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required ☐

## 6. Name and Address of Current Registered Agent

**CHADWICK, JAMES M**  
**11300 FOURTH STREET NORTH, STE. 200**  
**ST PETERSBURG, FL 33716**

## 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CHADWICK, JAMES N	
STREET ADDRESS	11300 4TH ST N STE 200	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SEMBLER, M. STEVEN	
STREET ADDRESS	11300 4TH ST N STE 200	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	FLEETING, ROBERT	
STREET ADDRESS	11300 4TH ST N STE 200	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	CHADWICK, HARRY R	
STREET ADDRESS	11300 4TH ST N STE 200	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**James M. Chadwick, Managing Member**

1/13/2005

(727) 576-0047

Date Daytime Phone #