## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000018171**

1. Entity Name

111 SOUTH ALBANY, LLC



Mailing Address

111 SOUTH ALBANY AVENUE

STE 200

Principal Place of Business

TAMPA, FL 33606

111 SOUTH ALBANY AVENUE STE 200 TAMPA, FL 33606

42-1591666

CR2E083 (10/03)

**FILED** 

Feb 11, 2005 08:00 AM Secretary of State

02022005 No Chg-LLC 4. FEI Number

Applied For Not Applicable

5. Certificate of Status Desired

\$5,00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, HERBERT S JR

## DO NOT WRITE

STE 200 TAMPA, F	L 33606	IN THIS SPACE
	named entity submits this statement for the purpose of clions of registered agent.	nanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)  DATE
F	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLARK, HERBERT S JR 111 SOUTH ALBANY AVE # 200 TAMPA, FL 336061710	U00000225802 02/11/05-80056-011 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby	certify that the information supplied with this filing does not on this report is true and accurate and that my signature	t qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 TYPES OR PRINTED NAME OF SIGNING MANAGING MEMILER, OR AUTHORIZED REPRESENTATIVE