

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035695

FILED
Jun 30, 2005
Secretary of State

Entity Name: 3RD AVENUE SOUTH TOWNHOMES, L.L.C.

Current Principal Place of Business:

1017 24TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Principal Place of Business:

737 17TH AVENUE NORTH
ST. PETERSBURG, FL 33704

Current Mailing Address:

1017 24TH AVENUE NORTH
ST. PETERSBURG, FL 33704

New Mailing Address:

737 17TH AVENUE NORTH
ST. PETERSBURG, FL 33704

FEI Number: 20-1035226 FEI Number Applied For () FEI Number Not Applicable () 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:

BRIDGES, DALE
1017 24TH AVENUE NORTH
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

BRIDGES, DALE
737 17TH AVENUE NORTH
ST. PETERSBURG, FL 33704 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: DALE W. BRIDGES

06/30/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BRIDGES, DALE
Address: 1017 24TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BRIDGES, DALE
Address: 737 17TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

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: DALE W. BRIDGES

PRES

06/30/2005

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