


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000000235 1. Entity Name OLDSMAR TOWN CENTER, LLC	
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Principal Place of Business 12645 RACETRACK ROAD TAMPA, FL 33626	Mailing Address P.O. BOX 1175 OLDSMAR, FL 34677
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DO NOT WRITE IN THIS SPACE



03242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3620084	Applied For <input type="checkbox"/> 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 WHEELER, KATHY 12645 RACETRACK ROAD TAMPA, FL 33626

**DO NOT WRITE
IN THIS SPACE**

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 relocating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

U000000515095
04/29/06-80198-003 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEARS, RANDY 12645 RACETRACK ROAD TAMPA, FL 33626
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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: Randy Mears M.M. 4/11/06 813-854-4486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #