2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000548

1. Entity Name
PLATT PLANT PROPERTY, LLC

Principal Place of Business	Mailing Address
100 W. KENNEDY BLVD. STE. 720 TAMPA, FL 33602	100 W. KENNEDY BLVD. STE. 720 TAMPA, FL 33602

01052005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3618248
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AZZARELLI, THOMAS
100 W. KENNEDY BLVD., STE. 720
TAMPA, FL 33602

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

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KING, DOUG W
STREET ADDRESS	4504 DREXEL ROAD
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	MGRM
NAME	AZZARELLI PROPERTIES, INC.
STREET ADDRESS	100 W. KENNEDY BLVD., STE. 720
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	FARRIOR, REX J III
STREET ADDRESS	300 W. PLATT STREET STE. #100
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	P
NAME	AZZARELLI, THOMAS J
STREET ADDRESS	100 W. KENNEDY BLVD. #720
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	KING, GUY III
STREET ADDRESS	2904 BAYSTONE COURT
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

H05000034440
01/20/05-80028-025 50.00

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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: _____ 1/11/05 813-2280883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #