

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90056 015 ****50.00

DOCUMENT # L00000000925

1. Entity Name

PENINSULA APARTMENTS, LLC



Principal Place of Business

5103 RAWLS ROAD
TAMPA, FL 33624

Mailing Address

P.O. BOX 272108
TAMPA, FL 33688-2108

DO NOT WRITE IN THIS SPACE



07072004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3621368

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUEVAS, MICHAEL
5103 RAWLES RD.
TAMPA, FL 33624

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
LLANO, CANDIDO
5103 RAWLES RD
TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

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IN THIS SPACE**

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:

Michael A. Cuevas

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

Date

Daytime Phone #

✓ 7-8-04

MICHAEL A. CUEVAS