


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90592 040 ****55.00

DOCUMENT # L00000010886	
1. Entity Name AGILE INVESTMENT MANAGEMENT, L.L.C.	

Principal Place of Business 2300 22ND STREET NORTH ST. PETERSBURG, FL 33713	Mailing Address 2300 22ND STREET NORTH ST. PETERSBURG, FL 33713
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03092005 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3669230	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ALEXANDER, BRONSON R 2300 22ND STREET NORTH ST. PETERSBURG, FL 33713	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MEM NAME ALEXANDER, BRONSON R STREET ADDRESS 2300 22ND STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MEM NAME GIBSON, ROBERT J STREET ADDRESS 2300 22ND STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MEM NAME LUKAS, ALAN STREET ADDRESS 2300 22ND STREET NORTH CITY-ST-ZIP ST. PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME ALEXANDER, MARY L STREET ADDRESS 2300 22ND STREET NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME BOLLAERT, JULIENE M STREET ADDRESS 2300 22ND STREET NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME LUKAS, PEGGY A STREET ADDRESS 2300 22ND STREET NORTH CITY-ST-ZIP SAINT PETERSBURG, FL 33713	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alan Lukas Alan Lukas 3-9-05 (727) 821 3223 x 127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #