

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 09, 2006 08:00 AM  
Secretary of State

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



01042006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3669230

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ALEXANDER, BRONSON R  
2300 22ND STREET NORTH  
ST. PETERSBURG, FL 33713

**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 May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MEM  
NAME ALEXANDER, BRONSON R  
STREET ADDRESS 2300 22ND STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE MEM  
NAME GIBSON, ROBERT J  
STREET ADDRESS 2300 22ND STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE MEM  
NAME LUKAS, ALAN  
STREET ADDRESS 2300 22ND STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33713

TITLE MGRM  
NAME ALEXANDER, MARY L  
STREET ADDRESS 2300 22ND STREET NORTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE MGRM  
NAME BOLLAERT, JULIENE M  
STREET ADDRESS 2300 22ND STREET NORTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE MGRM  
NAME LUKAS, PEGGY A  
STREET ADDRESS 2300 22ND STREET NORTH  
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

**DO NOT WRITE  
IN THIS SPACE**

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: *Alan Lukas* Alan Lukas  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-4-2006

727 821 3223 x127