

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 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**



03022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3669230</b>	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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, 2007**

**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

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05/16/07-80077-011 55.00

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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:** Alan Lukas Alan Lukas, Member 4-25-2007 (727) 821-3223 x127  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #