


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90083 039 ****50.00

DOCUMENT # L00000014538 1. Entity Name GUI TO & GUI TO, P.L.					
Principal Place of Business 4235 HENDERSON BLVD TAMPA, FL 33629			Mailing Address PO BOX 18292 TAMPA, FL 33679		
2. Principal Place of Business 708 E. Jackson St		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01192006 Chg-LLC CR2E083 (11/05)	
City & State Tampa FL		City & State 		4. FEI Number 59-3712488	
Zip 33679		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GUI TO, KAREN E 708 E. JACKSON STREET TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Karen E. Guito</i></u> DATE <u><i>4/26/06</i></u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUI TO, RALPH M III 5105 W. POE AVE. TAMPA, FL 33629	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUI TO, KAREN E ATTY 708 E. JACKSON STREET TAMPA, FL 33602	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Karen E. Guito</i></u> <u><i>Karen E. Guito</i></u> <u><i>4/26/06</i></u> <u><i>813 250 6283</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					