

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90198 043 \*\*\*\*50.00

**DOCUMENT # L00000014661**

1. Entity Name  
**AZEELE 3001 PROPERTIES, L.L.C.**



Principal Place of Business  
**3003 WEST AZEELE STREET  
STE 100  
TAMPA, FL 33609**

Mailing Address  
**3003 WEST AZEELE STREET  
STE 100  
TAMPA, FL 33609**

**20005108**



01252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**65-1059018**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**BUELL, MARK P  
3003 W. AZEELE STREET  
STE 100  
TAMPA, FL 33609**

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

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, 2005**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME **BUELL, MARK P**  
STREET ADDRESS **3003 W. AZEELE STREET, STE 100**  
CITY-ST-ZIP **TAMPA, FL 33609**

☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3003 W. AZEELE STREET, STE 100**  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME **ELLIGETT JR, RAYMOND T**  
STREET ADDRESS **3003 W. AZEELE STREET, STE 100**  
CITY-ST-ZIP **TAMPA, FL 33609**

☒ Change ☐ Addition  
NAME  
STREET ADDRESS **3003 W. AZEELE STREET, STE 100**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**

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

**1/25/05**

**813 8742600**

Date

Daytime Phone #