2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2006 08:00 A
Secretary of State

DOCUMENT # L00000014661

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

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

04062006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

000000509414
04/28/06-80044-006 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BUELL, MARK P
STREET ADDRESS	3003 W AZEELE STREET, STE 100
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	MGR
NAME	ELLIGETT JR, RAYMOND T
STREET ADDRESS	3003 W AZEELE STREET, STE 100
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Raymond T. Elligett, Jr. 4/12/06 813 874 2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #