

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 29, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000000268

1. Entity Name
LIST PROPERTIES, LLC.



Principal Place of Business

**1611 W PLATT ST
TAMPA, FL 33606**

Mailing Address

**1611 W PLATT ST
TAMPA, FL 33606**



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3688231

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOEHLER, KEITH W
C/O KOEHLER & COMPANY
1611 W PLATT ST
TAMPA, FL 33606**

**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, 2004**

U000000140091
04/29/04-80144-018 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|----------------------|
| TITLE | MGR |
| NAME | GULUZIAN, ARAM |
| STREET ADDRESS | 2101 W PLATT ST #200 |
| CITY-ST-ZIP | TAMPA, FL 33606 |

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

4/23/2004 813-258-5478

Date

Daytime Phone #