

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90035 035 ****50.00

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	
2. Principal Place of Business 2101 W. PLATT ST.		3. Mailing Address 2101 W. PLATT ST		<div style="font-size: 24px; font-weight: bold;">14005766</div>  <div style="display: flex; justify-content: space-around; margin-top: 10px;"> 04222005 Chg-LLC CR2E083 (10/03) </div>	
Suite, Apt. #, etc. #200		Suite, Apt. #, etc. #200			
City & State TAMPA FL		City & State TAMPA FL			
Zip 33606	Country USA	Zip 33606	Country USA		
4. FEI Number 59-3688231				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEHLER, KEITH W C/O KOEHLER & COMPANY 1611 W PLATT ST TAMPA, FL 33606			7. Name and Address of New Registered Agent <div style="display: flex;"> <div style="flex: 1;"> Name Keith W Koehler Street Koehler & Company, P.A. 502 North Armenia Avenue City Tampa, FL 33609 </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> Zip Code </div> </div>		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> 4/25/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>					
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 NAME STREET ADDRESS CITY- ST- ZIP	MGR GULUZIAN, ARAM 2101 W PLATT ST #200 TAMPA, FL 33606	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					