
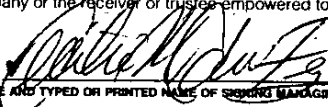


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90421 042 \*\*\*\*50.00

<b>DOCUMENT # L01000000951</b> 1. Entity Name <b>CARDET AND ASSOCIATES REALTY, LLC</b>																													
Principal Place of Business <b>ONE PROGRESS PLAZA</b> <b>2200</b> <b>ST. PETERSBURG, FL 33701</b>			Mailing Address <b>ONE PROGRESS PLAZA</b> <b>2200</b> <b>ST. PETERSBURG, FL 33701</b>																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
<b>CARDET, ALBERTO M</b> <b>1101 BRICKELL AVENUE</b> <b>702 SOUTH</b> <b>MIAMI, FL 33131</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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.																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARDET, ALBERTO M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE PROGRESS PLAZA STE2200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SAINT PETERSBURG, FL 33701</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Delete	NAME	CARDET, ALBERTO M		STREET ADDRESS	ONE PROGRESS PLAZA STE2200		CITY-ST-ZIP	SAINT PETERSBURG, FL 33701		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CECILIA CARDET FERNANDEZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE PROGRESS PLAZA, SUITE 2200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ST. PETERSBURG, FL, 33701</td> <td></td> </tr> </table>			TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	CECILIA CARDET FERNANDEZ		STREET ADDRESS	ONE PROGRESS PLAZA, SUITE 2200		CITY-ST-ZIP	ST. PETERSBURG, FL, 33701	
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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:  <b>CECILIA CARDET FERNANDEZ, MGR</b> 1/26/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													