

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90122 028 \*\*\*\*50.00

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<b>DOCUMENT # L01000002703</b> 1. Entity Name <b>475, LLC</b>					
Principal Place of Business <b>338 1ST AVENUE N ST. PETERSBURG, FL 33701</b>			Mailing Address <b>338 1ST AVENUE N ST. PETERSBURG, FL 33701</b>		
2. Principal Place of Business - No P.O. Box # <b>415 1st Avenue North</b> Suite, Apt. #, etc.		3. Mailing Address <b>415 1st Avenue North</b> Suite, Apt. #, etc.			
City & State <b>St. Petersburg, FL</b> Zip <b>33701</b>		City & State <b>St. Petersburg, FL</b> Zip <b>33701</b>		4. FEI Number <b>58-3701576</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAHDERT, GEORGE K 535 CENTRAL AVENUE ST. PETERSBURG, FL 33701</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEBB, DOROTHY T 100 4TH AVENUE S #100 405 Central Avenue, Suite 250 ST. PETERSBURG, FL 33701</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE:</b>			Date <b>8/22/07</b> Daytime Phone # <b>727-822-3743</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					