

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 APR 28 AM 10:00

DOCUMENT # L01000006558

1. Entity Name

ALBERT SALEM, JR., ATTORNEY, L.L.C.



Principal Place of Business

4600 W. KENNEDY BOULEVARD, SUITE 100  
TAMPA, FL 33609

Mailing Address

4600 W. KENNEDY BOULEVARD, SUITE 100  
TAMPA, FL 33609



01242005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

03-0462975

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SALEM, ALBERT JR  
4600 W. KENNEDY BOULEVARD, SUITE 100  
TAMPA, FL 33609

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

|                |                                      |
|----------------|--------------------------------------|
| TITLE          | MGR                                  |
| NAME           | SALEM, ALBERT JR                     |
| STREET ADDRESS | 4600 W. KENNEDY BOULEVARD, SUITE 100 |
| CITY-ST-ZIP    | TAMPA, FL 33609                      |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

300054339303  
05/12/05--01071--001 \*\*350.00

**DO NOT WRITE  
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

Date

Daytime Phone #

4/21/05

813 286 3000