

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010102

1. Entity Name
SOUTH FORK, L.L.C.



Principal Place of Business
2502 NORTH ROCKY POINT DRIVE STE. 1050
TAMPA, FL 33607

Mailing Address
2502 NORTH ROCKY POINT DRIVE STE. 1050
TAMPA, FL 33607

DO NOT WRITE IN THIS SPACE



01072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3728992

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

STROHAUER, GARY N ESQ
BAXTER, STROHAUER, MANNION & SILBERMANN, P.A
1150 CLEVELAND STREET STE. 300
CLEARWATER, FL 33755

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THE RYAN GROUP, LLC
2502 NORTH ROCKY POINT DRIVE STE. 1050
TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/10/05-80039-023 50.00

**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)(f), 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

2/8/05

813-288-8078

Date

Daytime Phone #