

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90070 045 ****50.00

DOCUMENT # L01000017752

1. Entity Name

ST. PETE PROPERTIES, LLC



Principal Place of Business
4773 58 AVE N
SAINT PETERSBURG FL 33714

Mailing Address
~~146-2ND STREET NO~~
~~#100~~
ST. PETERSBURG FL 33701
ST. PETE PROP
4195 14th Street N.E.
St. Petersburg, FL 33704



MOORE CR2E083 (11/03)

2. Principal Place of Business

3. Mailing Address

4195 14th Street N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
St Petersburg Florida

4. FEI Number

59-3955307

Applied For

Not Applicable

Zip

Country

Zip

33703

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMONE, STEPHEN CPA
6439 CENTRAL AVENUE
ST. PETERSBURG FL 33710-8411

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME BOULE, JAMES C
STREET ADDRESS 146-2 STREET NO STE 310
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE ☐ Delete
NAME PARKER, J KENNETH
STREET ADDRESS 146-2 STREET NO STE 310
CITY-ST-ZIP SAINT PETERSBURG FL 33701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Vance Bark

2/26/04