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Secretary of State

01-24-2005 90104 050 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000000550

1. Entity Name
PASCO LAND BARONS, L.L.C.

20003501

01042005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756	1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756

2. Principal Place of Business	3. Mailing Address
100 Carillon Parkway	100 Carillon Parkway
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State St Petersburg FL	City & State St. Petersburg FL
Zip 33716 Country USA	Zip 33716 Country USA

4. FEI Number 02-0555690 ☐ Applied For ☐ Not Applicable

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
BRYD, ROBERT W 1208 S MYRTLE AVE CLEARWATER, FL 33756	Name Byrd, Robert W. Street Address (P.O. Box Number is Not Acceptable) 100 Carillon Parkway Suite 100 City St. Petersburg FL Zip Code 33716

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] Robert W. Byrd 01-19-05
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BYRD, ROBERT W 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Byrd, Robert W 100 Carillon Parkway Suite 100 St. Petersburg, FL 33716 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] Robert W. Byrd 01-19-05 727-461-0859
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #