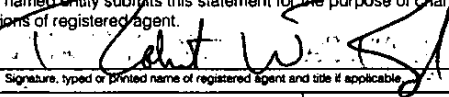
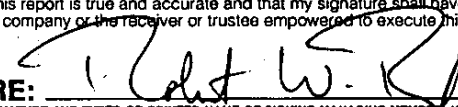


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

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

DOCUMENT # L02000000550 1. Entity Name PASCO LAND BARONS, L.L.C.					
Principal Place of Business 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756			Mailing Address 1208 SOUTH MYRTLE AVENUE CLEARWATER, FL 33756		
2. Principal Place of Business 100 Carillon Parkway Suite, Apt. #, etc. Suite 100 City & State St. Petersburg FL Zip 33716 Country USA		3. Mailing Address 100 Carillon Parkway Suite, Apt. #, etc. Suite 100 City & State St. Petersburg FL Zip 33716 Country USA		20003501 	
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 BRYD, ROBERT W 1208 S MYRTLE AVE CLEARWATER, FL 33756	
7. Name and Address of New Registered Agent 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  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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ 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:  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 #					