

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000004024**

1. Entity Name  
**EAST TAMPA MOB, LLC**



Principal Place of Business  
**2600 TECHNOLOGY DR SUITE 200  
ATTN: BRADFORD S. KANAN  
ORLANDO, FL 32804**

Mailing Address  
**2600 TECHNOLOGY DR SUITE 200  
ATTN: BRADFORD S. KANAN  
ORLANDO, FL 32804**



03252004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**03-0396290**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LIGHTSEY, ALTON L  
808 S. DENNING DR.  
WINTER PARK, FL 32789**

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **KANAN, BRADFORD S**  
STREET ADDRESS **2600 TECHNOLOGY DR., STE 200**  
CITY- ST- ZIP **ORLANDO, FL 32804**

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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

**407-425-8454**

**March 29, 04**

Date

**407-4258454**

Daytime Phone #