

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90140 003 \*\*\*\*55.00

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01112005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L02000009734</b> 1. Entity Name NORTH GLEN ARMS, L.L.C.					
Principal Place of Business 12108 N. 56TH ST., SUITE 3 & 5 TAMPA, FL 33617			Mailing Address 12108 N. 56TH ST., SUITE 3 & 5 TAMPA, FL 33617		
2. Principal Place of Business 2901 W. Busch Blvd Suite, Apt. #, etc. 901		3. Mailing Address 2901 W. Busch Blvd Suite, Apt. #, etc. 901			
City & State TAMPA Florida		City & State TAMPA FL		4. FEI Number 02-0641050	
Zip 33618		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  BEKIEMPIS, VINCENT 12108 N. 56TH STREET TAMPA, FL 33617				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 2901 W. Busch Blvd #901 City TAMPA FL Zip Code 33618	
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		Vincent Bekiempis		1/20/05	
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 BEKIEMPIS, VINCENT 12108 N. 56TH STREET TAMPA, FL 33617		TITLE NAME STREET ADDRESS CITY-ST-ZIP	2901 W. Busch Blvd #901 TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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		Vincent Bekiempis		(813) 915-9727	