

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

07 MAR 20 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3069460

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MONROSE, NINA G
5200 CENTRAL AVE.
ST. PETERSBURG, FL 33707

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE PD
NAME NIX, SHARI T
STREET ADDRESS 240 71ST AVENUE
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

TITLE VP
NAME NIX, JOSEPH E
STREET ADDRESS 240 71ST AVENUE
CITY-ST-ZIP SAINT PETERSBURG, FL 33706

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

JOSEPH E NIX VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-25-07

Date

727 687 0535

Daytime Phone #

2-3/26