


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90027 035 ****50.00

DOCUMENT # L02000014905 1. Entity Name 720 SOUTH HOWARD, LLC	
---	---

Principal Place of Business 720 SOUTH HOWARD AVE TAMPA, FL 33606-1838	Mailing Address 701 SOUTH HOWARD AVE #106-388 TAMPA, FL 33606
---	--

20049816



04192005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0723892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SCOTT, CHRISTOPHER 720 SOUTH HOWARD AVE TAMPA, FL 33606
--

**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOTT, CHRISTOPHER 720 SOUTH HOWARD AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTIZ, THOMAS 720 SOUTH HOWARD AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNOUCHE, PETER 720 SOUTH HOWARD AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAHMOSH, ANTHONY 720 SOUTH HOWARD AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Christopher Scott **04/18/05 813-299-2183**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #