

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2004 8:00 am
Secretary of State

05-11-2004 90002 044 ****50.00

DOCUMENT # L02000021033

1. Entity Name
 220 EAST, LLC



Principal Place of Business
 1611 WEST PLATT STREET
 TAMPA, FL 33606

Mailing Address
 1611 WEST PLATT STREET
 TAMPA, FL 33606

24071557



DO NOT WRITE IN THIS SPACE

04202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
 75-3076928

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

8. Name and Address of Current Registered Agent

KOEHLER, KEITH W
 C/O KOEHLER & COMPANY 1611 W. PLATT STREET
 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 remaining)

DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
 NAME CHAPDELAINE, DAVID
 STREET ADDRESS 10404 LAKE CARROLL WAY
 CITY-ST-ZIP TAMPA, FL 33618

TITLE MGR
 NAME CHAPDELAINE, JULIE
 STREET ADDRESS 10404 LAKE CARROLL WAY
 CITY-ST-ZIP TAMPA, FL 33618

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAVID T. CHAPDELAINE, MGR

Date

Daytime Phone #

4/30/04 813-785-5106