


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000021949 1. Entity Name PETER GAMBACORTA, LLC	
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Principal Place of Business
9061 QUAIL CREEK DRIVE
TAMPA, FL 33647

Mailing Address
P.O. BOX 48441
TAMPA, FL 33647-0121



05022005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1217042	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

WILLIAMS, JOHN A
101 E. KENNEDY BLVD., SUITE 2700
TAMPA, FL 33602

**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 resigning)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

000000360716
05/05/05-80045-007 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GAMBACORTA, PETER 9061 QUAIL CREEK DRIVE TAMPA, FL 33647
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**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: 

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

5/1/05

Date

813 907 3010

Daytime Phone #