

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026270

**FILED**  
**Mar 21, 2005**  
**Secretary of State**

**Entity Name:** BOX LLC

**Current Principal Place of Business:**

536 21ST AVENUE NE  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

536 21ST AVENUE NE  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 74-3063865

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** ( )

**Name and Address of Current Registered Agent:**

BOX, JAMES A  
536 21ST AVENUE NE  
ST. PETERSBURG, FL 33704 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: BOX, HEATHER L  
Address: 536 21ST AVENUE NE  
City-St-Zip: ST. PETERSBURG, FL 33704

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HEATHER L. BOX

MGRM

03/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date