

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000027112 1. Entity Name BUILDING ONE, LLC	
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Principal Place of Business 4625 EAST BAY DR., STE. 201 CLEARWATER, FL 33764 US	Mailing Address 4625 EAST BAY DR., STE. 201 CLEARWATER, FL 33764 US
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04202006No Chg-LLC CR2E083 (11/05)

4. FEI Number
57-1182880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TYLER, SCOTT J
4625 EAST BAY DR., STE. 201
CLEARWATER, FL 33764**

**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, 2006**

**U00000550178
05/13/06-80050-003 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TYLER, SCOTT J
STREET ADDRESS	4625 EAST BAY DR., STE. 201
CITY-ST-ZIP	CLEARWATER, FL 33764

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
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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 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 603, Florida Statutes.

SIGNATURE: _____

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

4-18-06 727-725-2800

Date

Daytime Phone #