


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Feb 04, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000031569  
 1. Entity Name  
 6400 1ST AVE. NORTH, LLC



Principal Place of Business — Mailing Address  
 6400 1ST AVE. E. — P.O. BOX 4192  
 SAINT PETERSBURG, FL 33710 — SAINT PETERSBURG, FL 33731

**DO NOT WRITE IN THIS SPACE**



01052005 No Chg.; LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	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  
 HINES, JAMES P  
 315 S. HYDE PARK AVENUE  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00 Due by May 1, 2005**

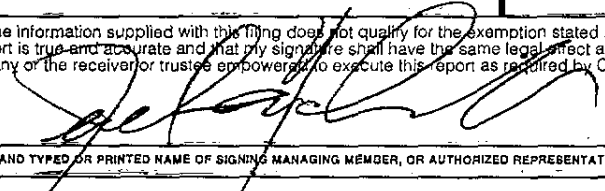
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR YANCHUCK, JOEL P 5453 CENTRAL AVE SAINT PETERSBURG, FL 33710
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 02/05/05-80001-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/2/05 727-822-6313  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #