

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031720

FILED
Mar 14, 2005
Secretary of State

Entity Name: BODINE REAL ESTATE DEVELOPMENT- FLORIDA, LLC

Current Principal Place of Business:

700 PASS-A- GRILLE WAY
ST. PETE BEACH, FL 33706

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 66024
ST. PETE BEACH, FL 33706

New Mailing Address:

FEI Number: 54-2085639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIPPEN, DAVID W
700 PASS-A-GRILLE WAY
ST. PETE BEACH, FL 33706 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: BODINE REAL ESTATE I, NVESTMENTS-FLO R IDA,LLC
Address: 700 PASS-A-GRILLE WAY
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: MGRM () Delete
Name: STEWART, NANCY A
Address: P O BOX 66024
City-St-Zip: ST. PETE BEACH, FL 33706 US

Title: MGRM () Delete
Name: MOLINA, HERNAN
Address: 4651 1ST STREET NE, SUITE 211B
City-St-Zip: ST PETERSBURG, FL 33703 US

ADDITIONS/CHANGES:

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

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

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: ALPHA L. LYONS

MGRM

03/14/2005

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