

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000033592 1. Entity Name ST. PETE COMMERCE CENTER, LLC	
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Principal Place of Business 2401 WEST BAY DRIVE, STE. 421 LARGO, FL 33770	Mailing Address 2401 WEST BAY DRIVE, STE. 421 LARGO, FL 33770
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01122004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2087921	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PLATTE, DAVID E ESQ 603 INDIAN ROCKS ROAD BELLEAIR, FL 33756

**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 reappointing) DATE

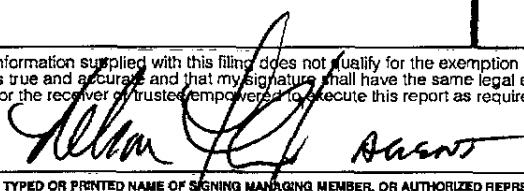
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOOD, CANDACE M SQ 2401 WEST BAY DRIVE, STE. 421 LARGO, FL 33770
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04/23/04-80057-014 50.00

**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)(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:  4/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #