

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000033592

1. Entity Name

ST. PETE COMMERCE CENTER, LLC



Principal Place of Business

2401 WEST BAY DRIVE, STE. 421
LARGO, FL 33770

Mailing Address

2401 WEST BAY DRIVE, STE. 421
LARGO, FL 33770



01142005No Chg-LLC

CR2E083 (10/03)

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

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
MGR
GOOD, CANDACE M SQ
2401 WEST BAY DRIVE, STE. 421
LARGO, FL 33770

TITLE
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CITY-STATE-ZIP

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04/29/05-80121-009 50.00

11. I hereby certify that the information supplied with this filing does not qualify 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 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

Nelson F. Cunt (Agent) 4/27/05 581-2700