2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000035119 1. Entity Name 52 VENTURE, LLC			Secretary of State	
Principal Place of Business 2304 SAN JOSE CIRCLE TAMPA, FL 33629 TAMPA, FL 33629 TAMPA, FL 33629				
DO NOT WRITE IN THIS SPAC				01172005No Chg-LLC CR2E083 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent MALTBY, DAVID K 2304 SAN JOSE CIRCLE TAMPA, FL 33629			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 of printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM MALTBY, DAVID K 2304 SAN JOSE CIRCLE TAMPA, FL 33629 MGRM RIPA, FRANK P 10149 FISHER AVE TAMPA, FL 33619	S/MANAGERS		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				DO NOT WRITE IN THIS SPACE
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP				,
11. 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.				