

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008130

Entity Name: PINZON BUSINESS LLC

FILED
Feb 24, 2005
Secretary of State

Current Principal Place of Business:

7006 N. NEBRASKA AVE.
TAMPA, FL 336044935

New Principal Place of Business:

6001 N FLORIDA AVE
TAMPA, FL 33604

Current Mailing Address:

7006 N. NEBRASKA AVE.
TAMPA, FL 336044935

New Mailing Address:

6001 N FLORIDA AVE
TAMPA, FL 33604

FEI Number: 56-2319708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINZON, HAROLD H
7006 N. NEBRASKA AVE.
TAMPA, FL 336044935 US

Name and Address of New Registered Agent:

PINZON, HAROLD H
6001 N FLORIDA AVE
TAMPA, FL 33604 US

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: HAROLD PINZON

02/24/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PINZON, HAROLD H MGR
Address: 6605 CAVACADE DR #47
City-St-Zip: TAMPA, FL 33614

Title: MGR () Delete
Name: BUITRAGO, BLANCA C MGR
Address: 6605 CAVACADE DR #47
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PINZON, HAROLD H MGR
Address: 14934 DEER MEADOW DR
City-St-Zip: LUTZ, FL 33559

Title: MGR (X) Change () Addition
Name: BUITRAGO, BLANCA C MGR
Address: 14934 DEER MEADOW DR
City-St-Zip: LUTZ, FL 33559

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: HAROLD PINZON

MGR

02/24/2005

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