2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED Apr 04, 2005 08:00 AM Secretary of State

1. Entity Nan HUPP RE Principal Plac 607 WEST B TAMPA, FL	ETAIL GANDY, LLC To of Business BAY STREET 33606	Mailing Address 607 WEST BAY STREET TAMPA, FL 33606	CE	Secretary of State 03312005No Chg-LLC CR2E083 (10/03) 4. FEI Number Applied For 51-0447935 Not Applicable 5. Certificate of Status Desired \$5.00 Additional
	6. Name and Address of Currer	t Registered Agent		Fee Required
HUPP, ANDREW 607 WEST BAY STREET TAMPA, FL 33606				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 fille if applicable (NOTE Registered Agent signature required when reinstating). DATE				
Filing Fee is \$50.00 Due by May 1, 2005				
9.	MANAGING MEME	BERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUPP, ANDREW 607 WEST BAY STREET			
TITLE	TAMPA, FL 33606	- <u> </u>	<u></u>	
NAME STREET ADDRESS CITY-ST-ZIP				04/04/05-80036-025 50.00
TITLE NAME STREET ADDRESS				
CITY-ST-ZIP		<u></u>		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE			1	
NAME STREET ADDRESS CITY-ST-ZIP		p		
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CITY-ST-ZIP		0.45 PH	<u></u>	The state of the s
11. I hereby certify that the Information should 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 except the 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 rective of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 3/31/05 8/3-25/-9900				

Date

Daytime Phone #