


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000008981</b>               |  |
| 1. Entity Name<br>4119 SOUTH MACDILL, L.L.C. |   |

|  |  |
|--|--|
| Principal Place of Business<br>2907 WEST HARBOR VIEW AVENUE<br>TAMPA, FL 33611 | Mailing Address<br>2907 WEST HARBOR VIEW AVENUE<br>TAMPA, FL 33611 |
|--|--|



01042007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>51-0456089                               | Applied For:<br>Not Applicable        |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

GOLD, AARON J  
 704 WEST BAY STREET  
 TAMPA, FL 33606

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MURRAY, DON<br>2907 W. HARBOR VIEW AVE.<br>TAMPA, FL 33611   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SPIWAK, WAYNE<br>2907 W. HARBOR VIEW AVE.<br>TAMPA, FL 33611 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 04/11/07-80046-015 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Donald Murray Date: 4/2/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #