

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000012513 1. Entity Name PIRATES COVE OF TAMPA BAY, LLC	
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Principal Place of Business 2101 WEST PLATT, #200 TAMPA, FL 33606	Mailing Address 2101 WEST PLATT, #200 TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0059966

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent
**DIAZ, JOSEPH L ESQ.
2522 WEST KENNEDY BLVD.
TAMPA, FL 33609**

**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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LUM, JOHN 2101 W PLATT ST #200 TAMPA, FL 32606
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GULUZIAN, ARAM 2101 W PLATT ST #200 TAMPA, FL 33606
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05/12/06-80016-005 50.00

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

4/26/06