

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90135 019 \*\*\*\*50.00

**DOCUMENT # L03000015605**

1. Entity Name  
**MANAGEMENT TRUST ASSOCIATES, L.L.C.**



Principal Place of Business  
**3318 DR. M.L. KING ST. N  
ST. PETERSBURG, FL 33704**

Mailing Address  
**3318 DR. M.L. KING ST. N  
ST. PETERSBURG, FL 33704**



01172006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1465355**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NICHOLAS F. LANG, P.A.  
5001 FOURTH STREET NORTH, SUITE A  
ST. PETERSBURG, FL 33703**

**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  
**MGRM  
BOGUE, K. MARK  
3318 DR. M.L. KING ST. N  
ST. PETERSBURG, FL 33704**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BURKE, CHRISTOPHER A  
3318 DR. M.L. KING ST. N  
ST. PETERSBURG, FL 33704**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 606, Florida Statutes.



ATTACHMENT

30001774

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2006

MANAGEMENT TRUST ASSOCIATES, L.L.C.  
3318 DR. M.L. KING ST. N  
ST. PETERSBURG, FL 33704

Subject: MANAGEMENT TRUST ASSOCIATES, L.L.C.

Reference Number:

L03000015605

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by a managing member, manager or an authorized representative of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION