

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90084 026 ****50.00

DOCUMENT # L03000016440					
1. Entity Name GEORGE ROAD MANAGEMENT, LLC					
Principal Place of Business 4301 ANCHOR PLAZA PKWY., STE. 400 TAMPA, FL 33634			Mailing Address 4301 ANCHOR PLAZA PKWY., STE. 400 TAMPA, FL 33634		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04212005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 20-0020440	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUGG, JOSEPH M.N. 100 SOUTH ASHLEY DR., STE. 1500 TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARSAMES, LOUIS		NAME		
STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY, #400		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVSK, F. BRUCE		NAME	LAVSK, F. BRUCE	
STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY, #400		STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY, #400	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	TAMPA, FL 33634	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, CRAIG R		NAME	HARTER, CRAIG R.	
STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY, #400		STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY, #400	
CITY-ST-ZIP	TAMPA, FL 33634		CITY-ST-ZIP	TAMPA, FL 33634	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied 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 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: _____			Date: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone # _____		