

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90191 001 \*\*\*\*55.00

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

00000800



03272007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0020440

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.

401 E. JACKSON ST

STE 1700

TAMPA, FL 33602

*Craig R Harter*  
*4301 Anchor Plaza Pkwy*  
*Ste 400*  
*Tampa, FL 33634*

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VARSAMES, LOUIS
STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY, #400
CITY- ST- ZIP	TAMPA, FL 33634
TITLE	MGRM
NAME	ROTHSCHILD, DOUGLAS C
STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY, #400
CITY- ST- ZIP	TAMPA, FL 33634
TITLE	CFO
NAME	HARTER, CRAIG R
STREET ADDRESS	4301 ANCHOR PLAZA PARKWAY, #400
CITY- ST- ZIP	TAMPA, FL 33634
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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

*4/20/07*

*(813) 287-2288*