


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000021881

1. Entity Name
 2615 HORATIO, LLC



Principal Place of Business _____ Mailing Address _____

614 S. LOIS AVENUE
 TAMPA, FL 33609

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 TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE



04292005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0085536	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

GIORDANO, JOHN N
 220 SOUTH FRANKLIN STREET
 TAMPA, FL 33602

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRINCE, RANDELL L 614 S. LOIS AVE TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILZORUK, PAUL 6815 BAYBORO BRIDGE DR TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, MITCHELL 16003 BETHANY PLACE TAMPA, FL 33647
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 4-29-05 DAYTIME PHONE #: 813 282 1056

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