

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90026 044 ****50.00

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1. Entity Name
EL PRADO COURT, LLC



Principal Place of Business

2101 WEST PLATT STREET, SUITE 200
TAMPA, FL 33606

Mailing Address

2101 WEST PLATT STREET, SUITE 200
TAMPA, FL 33606

60050007



04122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2379490

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLS, FREDERICK J
KOEHLER & CO, PA
502 N ARMENIA AVE
TAMPA, FL 33609

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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 LIST PROPERTIES, LLC 403 N. Howard Ave
STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200 #200
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGRM
NAME LIST DEVELOPERS, LLC 403 N. Howard Ave
STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200 #200
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGRM
NAME CHACONAS, GEORGE
STREET ADDRESS P.O. BOX 22556
CITY-ST-ZIP TAMPA, FL 33622

TITLE MGRM
NAME MILLS, FREDERICK K
STREET ADDRESS 1200 WEST PLATT STREET, SUITE 100
CITY-ST-ZIP TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #

4/27/07 (813) 258-5478