

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 A
Secretary of State

DOCUMENT # L03000035226

1. Entity Name
THE LOEHR CRAMER GROUP, LLC.



Principal Place of Business
4900 48TH AVENUE NORTH
ST. PETERSBURG, FL 33709

Mailing Address
4900 48TH AVENUE NORTH
ST. PETERSBURG, FL 33709



03282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0528070

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTLIEB & GOTTLIEB, P.A.
2475 ENTERPRISE ROAD
SUITE 100
CLEARWATER, FL 33763

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
CRAMER, EMILY S
4900 48TH AVENUE NORTH
ST. PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LOEHR, NANCY E
4900 48TH AVENUE NORTH
ST. PETERSBURG, FL 33709

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U000000281084
03/30/05-80045-004 50.00

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IN THIS SPACE**

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:

Emily S. Cramer EMILY S. CRAMER

3/28/05

(727) 527-4738

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

Date

Daytime Phone #