
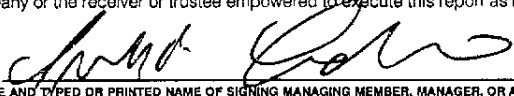


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000038526</b> 1. Entity Name KALOGIANIS LAND DEVELOPMENT GROUP, LLC					
Principal Place of Business 4821 U.S. HIGHWAY 19, STE. 3 NEW PORT RICHEY, FL 34652			Mailing Address 4821 U.S. HIGHWAY 19, STE. 3 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KALOGIANIS, CONSTANTINE 4821 US HIGHWAY 19 NEW PORT RICHEY, FL 34652				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	
NAME	KALOGIANAS, CONSTANTINE			NAME	U00000283896 <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4752 CREST KNOLL LN			STREET ADDRESS	04/01/05-80047-002 50.00
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	
NAME	FERRANDINO, JOSEPH P			NAME	
STREET ADDRESS	4200 MCCLUNG DR.			STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653			CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete			TITLE	
NAME	STUEBS, STEVEN J			NAME	
STREET ADDRESS	2300 CURLEW ROAD, SUITE 100			STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR, FL 34683			CITY-ST-ZIP	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE				TITLE	
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.					
<b>SIGNATURE:</b> 				3/25/05 (722) 992-9535	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	