

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043080

**FILED**  
**Mar 13, 2006**  
**Secretary of State**

**Entity Name:** PINELLAS RESTORATIONS, LLC

**Current Principal Place of Business:**

5906 BRECKENRIDGE PARKWAY, SUITE H  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5906 BRECKENRIDGE PARKWAY, SUITE H  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 54-2137842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

F & L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** SEAGREN, RON  
**Address:** 5906 BRECKENRIDGE PARKWAY, SUITE H  
**City-St-Zip:** TAMPA, FL 33610

**Title:** MGR ( ) Delete  
**Name:** GABBARD, CHARLEY  
**Address:** 5906 BRECKENRIDGE PARKWAY, SUITE H  
**City-St-Zip:** TAMPA, FL 33610

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** STACEY JEFFCOAT

MRS

03/13/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date