

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

STC

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # L03000045622

1. Entity Name

ST. PETE DEVELOPERS, LLC



Principal Place of Business

2101 WEST PLATT STREET
SUITE 200
TAMPA, FL 33606

Mailing Address

2101 W PLATT ST, STE 200
TAMPA, FL 33606



01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0425761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KOEHLER, KEITH W
502 NORTH ARMENIA AVENUE
TAMPA, FL 33609

**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, 2006**

000000546525
05/11/06-80120-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GULUZIAN, ARAM
STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR
NAME LUM, JOHN
STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR
NAME GULUZIAN, GEORGE
STREET ADDRESS 2101 WEST PLATT STREET, SUITE 200
CITY-ST-ZIP TAMPA, FL 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

4/26/06