

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-09-2007 90034 031 ****50.00

60050420



04132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0425761

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GULUZIAN, ARAM <i>403 N. Howard Ave.</i>
STREET ADDRESS	2101 WEST PLATT STREET, SUITE 200 <i>Ste 200</i>
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	MGR
NAME	LUM, JOHN <i>403 N. Howard Ave.</i>
STREET ADDRESS	2101 WEST PLATT STREET, SUITE 200 <i>Ste 200</i>
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	MGR
NAME	GULUZIAN, GEORGE <i>403 N. Howard Ave.</i>
STREET ADDRESS	2101 WEST PLATT STREET, SUITE 200 <i>Ste 200</i>
CITY - ST - ZIP	TAMPA, FL 33606
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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