2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State
04-29-2004 90071 007 ****50.00

DOCUMENT # L03000054383

1. Entity Name
ANGELINA PROPERTIES, LLC

Principal Place of Business	Mailing Address
850 APALACHEE DR. NE ST. PETERSBURG, FL 33702	850 APALACHEE DR. NE ST. PETERSBURG, FL 33702

2. Principal Place of Business	3. Mailing Address
1001 S. Rome Ave	1001 S. Rome Ave
Suite, Apt. #, etc. 3	Suite, Apt. #, etc. 3
City & State Tampa, FL	City & State Tampa, FL
Zip 33606 Country US	Zip 33606 Country U.S

04262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 52-2443701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEWIS, MARK R SR 6830 CENTRAL AVE., SUITE D ST. PETERSBURG, FL 33707	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CIBRAN, MARIANO D MD 850 APALACHEE DR. NE ST. PETERSBURG, FL 33702	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Cibran, Mariano E 1001 S. Rome Ave #3 Tampa, FL 33606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres Cibran, Michael 4670 Shasheine Lane St. Pete, FL 33703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Ozmcut, Joey 4146 Huntington Street St. Pete, FL 33703	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/26/04 813-810-7394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #