

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054947

Entity Name: ANTHIE, LLC

FILED  
Apr 20, 2005  
Secretary of State

**Current Principal Place of Business:**

400 ISLAND WAY, #202  
CLEARWATER, FL 33767

**New Principal Place of Business:**

**Current Mailing Address:**

400 ISLAND WAY, #202  
CLEARWATER, FL 33767

**New Mailing Address:**

FEI Number: 20-0509615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RILEY, STEVEN P ESQ  
4805 WEST LAUREL STREET, SUITE 230  
TAMPA, FL 33607 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: ALEXIOU, NICHOLAS G M.D.  
Address: 400 ISLAND WAY, #202  
City-St-Zip: CLEARWATER, FL 33767

Title: MGRM ( ) Delete  
Name: ALEXIOU, ANTHIE  
Address: 400 ISLAND WAY, #202  
City-St-Zip: CLEARWATER, FL 33767

**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 Section 119.07(3)(i), 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: NICHOLAS ALEXIOU

MGRM

04/20/2005

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