

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90028 030 \*\*\*\*55.00

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|   |                                 |  |   |  |  |
|---|---------------------------------|--|---|--|--|
| <b>DOCUMENT # L03000055988</b><br>1. Entity Name<br>ARCH STREET, L.L.C.   |                                 |  |   |  |  |
| Principal Place of Business<br>3514 W. ARCH ST<br>TAMPA, FL 33612 US  |                                 |  | Mailing Address<br>3959 VAN DYKE ROAD<br>STE. 246<br>LUTZ, FL 33558 |  |  |
| 2. Principal Place of Business  |                                 | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.   |                                 | Suite, Apt. #, etc.  |   |  |  |
| City & State  |                                 | City & State   |   | 01102005 Chg-LLC CR2E083 (10/03)   |  |
| Zip   |                                 | Country  |   | 4. FEI Number<br>20-0519186  |  |
|   |                                 |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                                 |  |   | 7. Name and Address of New Registered Agent  |  |
| GARDNER, MICHAEL H  |                                 |  |   | Name   |  |
| 3959 VAN DYKE ROAD  |                                 |  |   | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
| STE. 246  |                                 |  |   |  |  |
| LUTZ, FL 33558  |                                 |  |   | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |                                 |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>   |                                 | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS  |                                 |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE   | MGRM                            | <input type="checkbox"/> Delete                                    | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME  | GARDNER, MICHAEL H              |  | NAME  |  |  |
| STREET ADDRESS  | 3959 VAN DYKE ROAD              |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   | LUTZ, FL 33558                  |  | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME  |                                 |  | NAME  |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME  |                                 |  | NAME  |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME  |                                 |  | NAME  |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |  |  |
| TITLE   | <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| NAME  |                                 |  | NAME  |  |  |
| STREET ADDRESS  |                                 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP   |                                 |  | CITY-ST-ZIP   |  |  |
| 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   |                                 |  | 3/1/05 504 3679477 x 205  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                 |  | Date Daytime Phone #  |  |  |