

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

|                                              |                                                                                   |
|----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000001766</b>               |  |
| 1. Entity Name<br>HOWARD AVE PROPERTIES, LLC |                                                                                   |

|                                                                      |                                                          |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business<br>931 S. HOWARD AVE.<br>TAMPA, FL 33606 | Mailing Address<br>931 S. HOWARD AVE.<br>TAMPA, FL 33606 |
|----------------------------------------------------------------------|----------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03312008 No Chg-LLC

CR2E083 (12/07)

|                                                                                          |                               |
|------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br>20-0558347                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |                               |

|                                                                                                                              |                                   |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>HYDE PARK ACCOUNTANTS, PA<br>2305 W. MORRISON AVE.<br>TAMPA, FL 33629 | <b>DO NOT WRITE IN THIS SPACE</b> |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                  |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SANCHEZ, ANGELA<br>931 S. HOWARD AVE.<br>TAMPA, FL 33606 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>SANCHEZ, HUGO<br>931 S. HOWARD AVE.<br>TAMPA, FL 33606    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                  |

**DO NOT WRITE IN THIS SPACE**

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05/19/08-80012-008,138.75

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:**

*Angela Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*4/29/08*  
Date

Daytime Phone #