


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

05-09-2007 90026 045 ****50.00

DOCUMENT # L04000002207 1. Entity Name GANDY CENTER, LLC	
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Principal Place of Business 2101 WEST PLATT STREET 403 N. Howard Ave. SUITE 200 TAMPA, FL 33606	Mailing Address 2101 WEST PLATT STREET 403 N. Howard Ave. SUITE 200 TAMPA, FL 33606
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04122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0569496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KOEHLER, KEITH W KOEHLER & COMPANY, P.A. 502 NORTH ARMENIA AVE TAMPA, FL 33609
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**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 NAME STREET ADDRESS CITY-ST-ZIP	MGR LUM, JOHN 403 N. Howard Ave. 2101 WEST PLATT STREET, SUITE 200 Ste 200 TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULUZIAN, ARAM 403 N. Howard Ave. 2101 WEST PLATT STREET, SUITE 200 Ste 200 TAMPA, FL 33606
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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