

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90192 033 \*\*\*\*50.00

DOCUMENT # L04000004627

1. Entity Name  
PATRIOT'S LANDING, LLC



Principal Place of Business  
4821 U.S. HWY. 19, SUITE 3  
NEW PORT RICHEY, FL 34652

Mailing Address  
4821 U.S. HWY. 19, SUITE 3  
NEW PORT RICHEY, FL 34652

2. Principal Place of Business  
6611 US HWY 19  
Suite, Apt. #, etc.  
STE 501

3. Mailing Address  
4200 MCCLUNG DR.  
Suite, Apt. #, etc.

City & State  
NPR FL

City & State  
NPR FL

Zip  
34652

Country  
USA

Zip  
34653

Country  
USA

03202006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
20-0684515

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KALOGIANIS, CONSTANTINE  
4821 U.S. HWY. 19, SUITE 3  
NEW PORT RICHEY, FL 34652

## 7. Name and Address of New Registered Agent

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, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
KALOGIANIS, CONSTANTINE  
4752 CRESTKNOLL LANE  
NEW PORT RICHEY, FL 34653 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
FERRANDINO, JOSEPH P  
4200 MCCLUNG DRIVE  
NEW PORT RICHEY, FL 34653 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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## 10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/27/06 (727) 992-9535