


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90151 043 \*\*\*\*50.00

<b>DOCUMENT # L04000007113</b>	
1. Entity Name <b>PASCO WAREHOUSES, LLC</b>	

Principal Place of Business 29 N. PINELLAS AVE. TARPON SPRINGS, FL 34689	Mailing Address 29 N. PINELLAS AVE. TARPON SPRINGS, FL 34689
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**20006158**



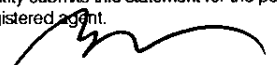
01242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business 804 N. Belcher Rd. Suite, Apt. #, etc. Suite 100 City & State Clearwater, FL Zip 33765 Country USA		3. Mailing Address 804 N. Belcher Rd. Suite, Apt. #, etc. Suite 100 City & State Clearwater FL Zip 33765 Country USA	
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4. FEI Number 20-0658674	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent DRIS, MICHAEL E ESQ. 29 N. PINELLAS AVE. TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Stavros Tingirides, Esq. Street Address (P.O. Box Number is Not Acceptable) 804 N. Belcher Rd, Suite 100 City Clearwater FL Zip Code 33765	
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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  STAVROS TINGIRIDES	DATE 1/25/05

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Michael E. Dris, Esq. 29 N. Pinellas Avenue Tarpun Springs, FL 34689	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR Stavros Tingirides, Esq. 804 N. Belcher Road, Suite 100 Clearwater, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/05 (727) 4425700