

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90047 002 ****50.00

20058390



DOCUMENT # L04000009027 1. Entity Name L. SMALL ASSOCIATES, LLC					
Principal Place of Business 105 4TH STREET E. TIERRA VERDE, FL 33715			Mailing Address 105 4TH STREET E. TIERRA VERDE, FL 33715		
2. Principal Place of Business		3. Mailing Address 5401 Central Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State St. Petersburg, FL		4. FEI Number 20-0687928	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip		Zip 33710		Country	
6. Name and Address of Current Registered Agent MCATEE, CAROL 5401 CENTRAL AVE ST PETERSBURG, FL 33710				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES </div> </div>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div> D SMALL, LARRY 105 4TH STREET E. TIERRA VERDE, FL 33715 </div> <div style="text-align: right;"> <input type="checkbox"/> Delete </div> </div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="display: flex; justify-content: space-between;"> <div></div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>		
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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:				<div style="display: flex; justify-content: space-between;"> <div> 5/6/05 <small>Date</small> </div> <div> 727-866-1311 <small>Daytime Phone #</small> </div> </div>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					