


01 Pl. Dept. of St

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 22 AM 10:05

DOCUMENT # L04000010210					
1. Entity Name AUSTIN JOINT VENTURE, LLC					
Principal Place of Business 1211 NORTH WESTSHORE BLVD, STE 700 TAMPA, FL 33607			Mailing Address 1211 NORTH WESTSHORE BLVD, STE 700 TAMPA, FL 33607		
2. Principal Place of Business 1211 NO. WESTSHORE BLVD Suite, Apt. #, etc. 700		3. Mailing Address SAME Suite, Apt. #, etc.			
City & State TAMPA, FL		City & State		4. FEI Number 77-0623129 APPLIED FOR	
Zip 33607	Country HILLSBOROUGH	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent AUSTIN, ALFRED S 1211 N WESTSHORE BLVD, STE 700 TAMPA, FL 33607			7. Name and Address of New Registered Agent		
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.			Name		
SIGNATURE: <u>Alfred S. Austin</u> Signature, typed or printed name of registered agent and title if applicable			ALFRED S. AUSTIN - MANAGER 6/30/05 (NOTE: Registered Agent signature required when reinstating) DATE		
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUSTIN, ALFRED S 1211 NO. WESTSHORE BLVD., SUITE 700 TAMPA, FL 33607	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	07/29/05--01050--024 <input checked="" 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	
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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: <u>Rosalee Elett</u>		ROSALEE ELETT		6/30/05 813-259-3886	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	