

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016227

FILED
Jan 06, 2005
Secretary of State

Entity Name: 2CND STREET HOLDINGS OF SAFETY HARBOR, LLC

Current Principal Place of Business:

5183 JASMINE WAY
PALM HARBOR, FL 34685 US

New Principal Place of Business:

246 2ND STREET N.
SAFETY HARBOR, FL 34695 US

Current Mailing Address:

5183 JASMINE WAY
PALM HARBOR, FL 34685 US

New Mailing Address:

246 2ND STREET N.
SAFETY HARBOR, FL 34695 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, MARYA J
5183 JASMINE WAY
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

ATKINS, BEN A
246 2ND STREET N.
SAFETY HARBOR, FL 34695 US

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.

SIGNATURE: BEN ATKINS

01/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BEN ATKINS CONSULTIN, G, LLC
Address: 13575 58TH STREET N. STE 200
City-St-Zip: CLEARWATER, FL 33760 US

Title: MGRM () Delete
Name: PRYBYLSKI, PAUL
Address: 11220 AVERY OAKS DRIVE
City-St-Zip: TAMPA, FL 33625 US

Title: MGRM () Delete
Name: RENSCH, EUGENE
Address: 11907 NICKLAUS CIRCLE
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BEN ATKINS CONSULTIN, G, LLC
Address: 246 2ND STREET N.
City-St-Zip: SAFETY HARBOR, FL 34695 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: BEN ATKINS

MGRM

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date