

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90079 012 ****50.00

DOCUMENT # L04000017242 1. Entity Name 620/622, LLC			
Principal Place of Business 1627 BEACH DR S.E. ST PETERSBURG, FL 33701		Mailing Address 1627 BEACH DR S.E. ST PETERSBURG, FL 33701	
2. Principal Place of Business 620 First Avenue South Suite, Apt. #, etc.		3. Mailing Address P.O. Box 432 Suite, Apt. #, etc.	
City & State ST PETERSBURG, FL Zip 33701		City & State ST PETERSBURG, FL Zip 33731-0432	
Country USA		Country USA	
4. FEI Number 20-0824270		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWELL, JAMES 1627 BEACH DR S.E. ST PETERSBURG, FL 33701		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	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, JAMES 1627 BEACH DR S.E. ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, MGRM HOWELL, JAMES 1627 BEACH DR SE ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIS, G. DAVIS 1619 BEACH DR S.E. ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICEPRESIDENT & TREASURER, MGRM O'SULLIVAN, FRANCIS X. 4100 BEACH DR SE ST PETERSBURG, FL 33705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ELLIS, ASTRID 1619 BEACH DR S.E. ST PETERSBURG, FL 33701	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, MGRM STOLTZMAN, LYNDIA 216-17 AVENUE SE ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete
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: Francis X. O'Sullivan VP & Treasurer, MGRM		4-14-05 727-831-2140	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	