
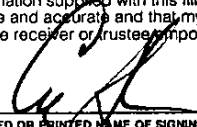


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

05 APR 29 PM 5:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000019869</b> 1. Entity Name <b>SOUTHBEND TOWNE CENTER, LLC</b>					
Principal Place of Business <b>5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707</b>			Mailing Address <b>5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SHER, CRAIG H C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			<b>MANAGER/MEMBER SEMBLER FAMILY PARTNERSHIP #29, Ltd. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707</b>		
			<b>MANAGER/MEMBER MDG SOUTHBEND LLC 1510 WEST CLEVELAND STREET TAMPA, FL 33606</b>		
			<b>100054755031 05/19/05--01008--024 **55.00</b>		
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.					
<b>SIGNATURE:</b> 			<b>4/19/05 727-384-6000</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

**CRAIG SHER, MANAGER/MEMBER**