## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT								FIL	P .		
DOCUMENT # L04000019869								l land	こり		
1. Entity Name SOUTHBE		WNE CENTER, LI					0	5 APR 29 1	PM 5: 3	) <u> </u>	
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Principal Place of Business 5858 CENTRAL AVENUE			Mailing Address 5858 CENTRAL AVENUE					CRETARY O LAHASSEE.	FLORIC	ĴA	
ST. PETERSBURG, FL 33707			ST. PETERSBURG, FL 33707								<b>[]</b>
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04092005	Chg-LLC	CR2E08	33 (10/03)	
City & State			City & State	City & State			4. FEI Number	086899	<del>'</del> {7	<b>⊢</b>	plied For t Applicable
Zip	Country		Zip	Zip Count					\$5.00 Add		
6. Name and Address of Current Registered Agent							7. Name and	Address of New R	egistered A	gent	
SHER, CRAIG H					Name						
C/O THE S 5858 CENT		COMPANY ENUE					Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG, FL 33707								····			
					City		·-· · · · · · · · · · · · · · · · · · ·	<u>-</u>	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											
Signature, typed or printed name of registered agent and title if applicable. (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 MEME		10.				ADDITIONS/CHANGES  MEMBER Change Addition FAMILY PARTHERSHIP #29, LHL.  TRAL AVENUE  123707			
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP						
44 ()	ertify that th	ne information supplied w	th this filing does not qualify for	v the ave	motion state	ed in Se	ction 119.07(3)	(i), Florida Statutes.	further cert	ify that the in	nlormation
11. Thereby certify that the information supposed with this litting does not quality for the exemptor stated in Section 1 sect											
SIGNATURE: 4/19/05 727-384-6000											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date											

CRAIG SHER, MANAGER/MEMBER