

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 27 PM 3:28

DOCUMENT # L04000019869

1. Entity Name  
SOUTHBEND TOWNE CENTER, LLC



Principal Place of Business  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

Mailing Address  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707



04052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0868947

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SHER, CRAIG H  
C/O THE SEMBLER COMPANY  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

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05/10/06--01012--012 \*\*\*43687.50

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
SEMBLER FAMILY PARTNERSHIP #29, LTD.  
5858 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
MDG SOUTHBEND, LLC  
1510 WEST CLEVELAND STREET  
TAMPA, FL 33606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Craig Sher

4-10-06

727-384-6000