

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90059 004 ****55.00

DOCUMENT # L04000021426

1. Entity Name
GAITAN STRATEGIC VENTURES, LLC



Principal Place of Business
**10231 MEADOW CROSSING DR.
TAMPA, FL 33647**

Mailing Address
**10231 MEADOW CROSSING DR.
TAMPA, FL 33647**



2. Principal Place of Business

**10329 Cross Creek Blvd
Suite, Apt. #, etc.
CDD Suite L**

3. Mailing Address

Same
Suite, Apt. #, etc.

01042005 Chg-LLC CR2E083 (10/03)

City & State

Tampa, FL

City & State

Same

4. FEI Number

02-0718622

Applied For

Not Applicable

Zip

33647

Country

USA

Zip

33647

Country

USA

5. Certificate of Status Desired

X

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAITAN, LANCE
10231 MEADOW CROSSING DR.
TAMPA, FL 33647**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

Lance K. Gaitan President

DATE

1-18-05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GAITAN, LANCE**
STREET ADDRESS **10231 MEADOW CROSSING DR.**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **MGRM** ☐ Delete
NAME **GAITAN, CHRISTINE**
STREET ADDRESS **10231 MEADOW CROSSING DR.**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-18-05 813-991-4200