

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90030 026 ****50.00

DOCUMENT # L04000021776

1. Entity Name
175TH AVENUE TOWNHOMES, LLC



Principal Place of Business
2340 STATE ROAD 580, SUITE W
CLEARWATER, FL 33763

Mailing Address
2340 STATE ROAD 580, SUITE W
CLEARWATER, FL 33763

60050225



2. Principal Place of Business - No P.O. Box #
5584 RIVISTA DR
Suite, Apt. #, etc.

3. Mailing Address
5584 RIVISTA DR
Suite, Apt. #, etc.

04262007 Chg-LLC CR2E083 (12/06)

City & State
Clearwater FL

City & State
Clearwater FL

4. FEI Number
71-0966484
Applied For
Not Applicable

Zip
33760
Country
USA

Zip
33760
Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

D & B CORPORATE SERVICES, INC.
5999 CENTRAL AVENUE, SUITE 202
ST PETERSBURG, FL 33710

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, 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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GANNAWAY, GUY L
2340 STATE ROAD 580, SUITE W
CLEARWATER, FL 33763 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
STALKER, MARK J
2340 STATE ROAD 580, SUITE W
CLEARWATER, FL 33763 ☐ Delete

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

TITLE
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STREET ADDRESS
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☐ Delete

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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #