

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90014 042 ****55.00

DOCUMENT # L04000022216

1. Entity Name
CORDOBA-WASHINGTON STREET LLC



Principal Place of Business
**3802 A GUNN HWY
TAMPA, FL 33618 US**

Mailing Address
**3802 A GUNN HWY
TAMPA, FL 33618 US**

40061000

2. Principal Place of Business

15100 Hutchison Rd.

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33625

Country

3. Mailing Address

15100 Hutchison Rd.

Suite, Apt. #, etc.

City & State

Tampa FL

Zip

33625

Country

02272006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

35-2228824

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PONTON, LANCE
3802 A GUNN HWY
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name **Ponton, Lance**

Street Address (P.O. Box Number is Not Acceptable)

15100 Hutchison Rd.

City

Tampa

FL

Zip Code

33625

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **POLO DEVELOPMENT CO.**
STREET ADDRESS **3802 GUNN HWY #A**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **MGRM** ☐ Delete
NAME **PARAMOUNT TRIANGLE I, INC.**
STREET ADDRESS **4609 MIRABELLA PL**
CITY-ST-ZIP **LUTZ, FL 33558**

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 **15100 Hutchison Rd.**
CITY-ST-ZIP **Tampa, FL 33625**

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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: Lance Ponton **Lance Ponton**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

813-961-4341
Daytime Phone #