



**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 23, 2005 8:00 am
Secretary of State

05-02-2005 90107 012 ****50.00

DOCUMENT # L04000023509 1. Entity Name 900 PASADENA AVENUE, LLC																					
Principal Place of Business 6090 CENTRAL AVENUE ST. PETERSBURG, FL 33707			Mailing Address 6090 CENTRAL AVENUE ST. PETERSBURG, FL 33707																		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																		
City & State			City & State																		
Zip		Country		Zip																	
Country		Country		4. FEI Number 20-0961406																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W. BOY SCOUT BLVD, 10TH FLOOR TAMPA, FL 33607-5736			7. Name and Address of New Registered Agent Name William Edwards Street Address (P.O. Box Number Not Acceptable) 6090 Central Avenue City St. Petersburg FL Zip Code 33707																		
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  DATE _____ <small>Signature, typed or printed name of registered agent and such address (A.C.E. Registered Agent signature required when reinstating)</small>																					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State																		
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;">TITLE</td> <td style="width:80%; padding: 2px;"> <input type="checkbox"/> Delete Mr. William Edwards </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">William Edwards</td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">6090 Central Avenue</td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">St. Petersburg, FL 33707</td> </tr> </table>			TITLE	<input type="checkbox"/> Delete Mr. William Edwards	NAME	William Edwards	STREET ADDRESS	6090 Central Avenue	CITY-ST-ZIP	St. Petersburg, FL 33707	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; padding: 2px;">TITLE</td> <td style="width:80%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;"></td> </tr> </table>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(6)(b), 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 #