

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90072 039 \*\*\*\*50.00

**DOCUMENT # L04000023663**

1. Entity Name  
**8109 MLK, LLC**



Principal Place of Business  
**8109 EAST MARTIN LUTHER KING BLVD  
TAMPA, FL 33619**

Mailing Address  
**8109 EAST MARTIN LUTHER KING BLVD  
TAMPA, FL 33619**

20014712



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01042005 Chg-LLC CR2E083 (10/03)

City & State  
Zip Country

4. FEI Number  
**42-1629070**

Applied For  
☐ Not Applicable

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

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

**FEINSTEIN, ROBERT  
8109 EAST MARTIN LUTHER KING BLVD  
TAMPA, FL 33619**

**7. Name and Address of New Registered Agent**

Name **Shirley Ray**  
Street Address (P.O. Box Number is Not Acceptable)  
**8109 E Martin Luther King Blvd.**  
City **Tampa** FL **33619**

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 **Shirley A. Ray** DATE **2/17/05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **FEINSTEIN, ROBERT**  
STREET ADDRESS **8109 EAST MARTIN LUTHER KING BLVD**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **MGR** ☐ Delete  
NAME **RAY, SHIRLEY**  
STREET ADDRESS **8109 EAST MARTIN LUTHER KING BLVD**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **MGR** ☐ Delete  
NAME **BIRES, CINDY**  
STREET ADDRESS **8109 EAST MARTIN LUTHER KING BLVD**  
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **MGR** ☐ Delete  
NAME **MOSS, JOHN**  
STREET ADDRESS **8109 EAST MARTIN LUTHER KING BLVD**  
CITY-ST-ZIP **TAMPA, FL 33619**

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Shirley A. Ray** **Shirley A. Ray** 2/17/05 813.740.2257  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #