

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90056 033 ****50.00

DOCUMENT # L04000025250

1. Entity Name
LTCSP-ST. PETERSBURG, LLC



Principal Place of Business
100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US

Mailing Address
100 SECOND AVENUE SOUTH
SUITE 901S
ST. PETERSBURG, FL 33701 US



01042006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1434722

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPECTOR GADON & ROSEN, PC
360 CENTRAL AVENUE
SUITE 1550
ST. PETERSBURG, FL 33701

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MADONNA, HARRY DILLON
STREET ADDRESS C/O AG&R, P.O. BOX 10867
CITY-ST-ZIP SAINT PETERSBURG, FL 337330867

TITLE MGR
NAME GALLAHER, RHONDA
STREET ADDRESS 109 ANTES LANE
CITY-ST-ZIP GRAMPIAN, PA 16838

TITLE MGR
NAME WYATT, DEE
STREET ADDRESS 724 NORTH GOVENORS AVE
CITY-ST-ZIP DOVER, DE 199047238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #