

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000025388

1. Entity Name
POWERLINE, LLC



Principal Place of Business
**609 EAST JACKSON STREET, STE. 200
TAMPA, FL 33602**

Mailing Address
**609 EAST JACKSON STREET, STE. 200
TAMPA, FL 33602**



01262006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0956174

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBBINS, R. JAMES JR
101 EAST KENNEDY BLVD., STE. 3700
TAMPA, FL 33602**

**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	P
NAME	TALLEY, JAMES M JR
STREET ADDRESS	609 E JACKSON STREET, # 200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V
NAME	HOWZE, THOMAS A
STREET ADDRESS	609 E JACKSON STREET, # 200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	V
NAME	LYKES, H TYSON II
STREET ADDRESS	609 E JACKSON STREET, # 200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	VST
NAME	PALLARDY, LEE F III
STREET ADDRESS	609 E JACKSON STREET, # 200
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/06-80111-023 50.00

**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: _____

President

01/27/2006

(813) 221-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #