2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 02, 2005 8:00 am DOCUMENT # L04000026321 **Secretary of State** 1. Entity Name 03-02-2005 90014 013 ****50.00 BUILDING B., LLC Mailing Address Principal Place of Business 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) 4. FEI Number 20 - 09 78 075 Applied For Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ARGEN BARGER, MICHAEL E 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703 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 familia the obligations of registered agen FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 9. 10. Change TITI F MGR ☐ Delete TIT1 F ☐ Addition NAME BARGER, MICHAEL E NAME 11001 DANKA WAY N. #3 STREET ADDRESS STREET ADDRESS 4200 4TH STREET NORTH, SUITE D CITY-ST-ZIP ST. PETERSBURG FL 33703 CITY-ST-ZIP Addition ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP ☐ Deleta TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED