



FILED
May 26, 2005 8:00 am
Secretary of State

04-20-2005 90031 014 ****50.00

**2005 LIMITED LIABILITY COMPANY
 ANNUAL REPORT (AR)**

DOCUMENT # L04000030910					
1. Entity Name CORNER PARCEL AT 40, L.L.C.					
Principal Place of Business 3007 LEMON STREET TAMPA FL 33609			Mailing Address 3007 LEMON STREET TAMPA FL 33609		
2. Principal Place of Business		3. Mailing Address			
Suits, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0510195	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, WILBERT 3007 LEMON STREET TAMPA FL 33609			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, WILBERT		NAME		
STREET ADDRESS	3007 LEMON STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, JUANITA		NAME		
STREET ADDRESS	3007 LEMON STREET		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BARNES, MARYA F		NAME		
STREET ADDRESS	1758 CLAYHILL POINTE		STREET ADDRESS		
CITY-ST-ZIP	MARIETTA GA 30064		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, CHANDRA D		NAME		
STREET ADDRESS	1094 CREATWOOD PLACE		STREET ADDRESS		
CITY-ST-ZIP	SMYRNA GA 30080		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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.					
SIGNATURE: <i>Wilbert Williams</i>			SIGNATURE: <i>Wilbert Williams</i>		
DATE: <i>MAR 3-31-05</i>			DATE: <i>MAR 3-31-05</i>		
PHONE: <i>622-1939</i>			PHONE: <i>622-1939</i>		

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