


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 025 ****50.00

DOCUMENT # L04000034902 1. Entity Name 48 GULF BOULEVARD, LLC					
Principal Place of Business 500 E. KENNEDY BLVD., SUITE 101-A TAMPA, FL 33602			Mailing Address 500 E. KENNEDY BLVD., SUITE 101-A TAMPA, FL 33602		
2. Principal Place of Business 12602 51 st ST		3. Mailing Address 12602 51 st ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-1129103	
Zip 33617		Country U.S.A		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRUCE S. GOLDSTEIN, P.A. 500 E. KENNEDY BLVD., SUITE 101-A TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Norman D. Mallory Jr. Street Address (P.O. Box Number is Not Acceptable) 12602 51 st ST City Tampa FL Zip Code 33617		
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 <u>Norman D. Mallory Jr</u> <u>Norman D. Mallory Jr</u> DATE <u>4/29/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Norman D. Mallory Jr</u> <u>Norman D. Mallory Jr</u> <u>4/29/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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