

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034902

Entity Name: 48 GULF BOULEVARD, LLC

FILED
Mar 23, 2006
Secretary of State

Current Principal Place of Business:

12602 51 ST ST
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

12602 51 ST ST
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 20-1129103

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLORY, NORMAN D JR
12602 51ST STREET
TAMPA, FL 33617 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDSTEIN, BRUCE S
Address: 500 E KENNEDY BLVD STE 101
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: ELLIS, DAVID R
Address: 500 E KENNEDY BLVD STE 101
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: MALLORY, NORMAN S JR
Address: 12602 51ST STREET
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MALLORY, NORMAN D JR
Address: 12602 51ST STREET
City-St-Zip: TAMPA, FL 33617

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NORMAN D. MALLORY, JR.

MGRM

03/23/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date