2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000034902

1. Entity Name
48 GULF BOULEVARD, LLC

Principal Place of Business	Mailing Address
12602 51 ST ST TAMPA, FL 33617 _ US	12602 51 ST ST TAMPA, FL 33617 US

DO NOT WRITE IN THIS SPACE

01042007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1129103

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	GOLDSTEIN, BRUCE S
STREET ADDRESS	500 E KENNEDY BLVD STE 101
CITY ST ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	ELLIS, DAVID R
STREET ADDRESS	500 E KENNEDY BLVD STE 101
CITY ST ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	MALLORY, NORMAN D JR
STREET ADDRESS	12602 51ST STREET
CITY ST ZIP	TAMPA, FL 33617
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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.

1/4/07

SIGNATURE: Norman D Mallory Jr. Norman D. Mallory Jr 813-988-4985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #