

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L04000034902

1. Entity Name
48 GULF BOULEVARD, LLC



Principal Place of Business
**12602 51 ST ST
TAMPA, FL 33617 US**

Mailing Address
**12602 51 ST ST
TAMPA, FL 33617 US**



02282008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
GOLDSTEIN, BRUCE S
500 E KENNEDY BLVD STE 101
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ELLIS, DAVID R
500 E KENNEDY BLVD STE 101
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MALLORY, NORMAN D JR
12602 51ST STREET
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000846910
03/18/08-80048-007 138.75

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/28/08

Date

813.988-4985

Daytime Phone #