2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000038732

1. Entity Name 1950 CONGRESS AVENUE, LLC



06 APR 27 PM 3: 29

SECRETARY OF STATE DIVISION OF CORPORATIONS

Principal Place of Business

5858 CENTRAL AVENUE ST PETERSBURG, FL 33707 Mailing Address

5858 CENTRAL AVENUE ST PETERSBURG, FL 33707



04052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1159798

Applied For Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHER, CRAIG H C/O THE SEMBLER COMPANY 5858 CENTRAL AVENUE ST PETERSBURG, FL 33707

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	named entity submits this statement for the purpose of cha- tions of registered agent	nging its registered office or registered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	SEMBLER FAMILY PARTNERSHIP #35, LTD.		
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST PETERSBURG, FL 33707		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		05/10 05/10	00074329410 0/0601012012 **43687.50
TITLE			
NAME			
STREET ADDRESS			NOT WRITE
CITY OF TID	}	i DO	INO! WINIE

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 regeiver. I truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CRAIG SHER

4-10-06

727-384-6000

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

Date

IN THIS SPACE

Daytime Phone #