

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000052295

**FILED**  
**Mar 24, 2012**  
**Secretary of State**

**Entity Name:** CAUSEWAY OFFICE CENTER, L.L.C.

**Current Principal Place of Business:**

6914 EAST FOWLER AVE  
SUITE J  
TAMPA, FL 336171705 US

**New Principal Place of Business:**

**Current Mailing Address:**

6914 EAST FOWLER AVE  
SUITE J  
TAMPA, FL 336171705 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEEKLEY, A S JR  
6914 EAST FOWLER AVE  
SUITE J  
TAMPA, FL 336171705 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: MGR  
Name: WEEKLEY, A S JR  
Address: 6914 EAST FOWLER AVE, SUITE J  
City-St-Zip: TAMPA, FL 336171705 US

I hereby 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: A S WEEKLEY, JR.                      MGR                      03/24/2012

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