

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

01-27-2005 90079 029 ****50.00

DOCUMENT # L04000057089 1. Entity Name 630 CHESTNUT STREET, LLC																																					
Principal Place of Business 100 TURNER STREET CLEARWATER, FL 33756			Mailing Address 100 TURNER STREET CLEARWATER, FL 33756																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																			
City & State		City & State																																			
Zip	Country	Zip	Country	01032005 Chg-LLC CR2E083 (10/03)																																	
4. FEI Number 20-1448468				Applied For ☐ Not Applicable																																	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				30001011 																																	
6. Name and Address of Current Registered Agent WARD, R. CARLTON ESQ. RICHARDS, GILKEY, FITE, ET AL. 1253 PARK STREET CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																																			
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;">☐ Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete															10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> Member - President John P. Connelly 100 Turner Street Clearwater, FL 33756 ☐ Change ☒ Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member - President John P. Connelly 100 Turner Street Clearwater, FL 33756 ☐ Change ☒ Addition														
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>John P. Connelly</u> 1/24/05 727-441-1121 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																					