

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059324

FILED
Apr 07, 2008
Secretary of State

Entity Name: CAUSEWAY PROJECTS, LLC

Current Principal Place of Business:

2424 COFFEE POT BLVD
ST PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

2424 COFFEE POT BLVD
ST PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-1479029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULLINS, THOMAS W
2424 COFFEE POT BLVD
ST PETERSBURG, FL 33704 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 () Delete
Name: MULLINS, THOMAS W
Address: 2424 COFFEE POT BLVD
City-St-Zip: ST PETERSBURG, FL 33704

Title: MGR () Delete
Name: MCCAULEY, MICHAEL
Address: 507 72ND STREET
City-St-Zip: HOLMES BEACH, FL 34217

Title: MGR () Delete
Name: HOPE, KEITH E
Address: 5614 GUAVA STREET
City-St-Zip: HOLMES BEACH, FL 34217

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HOPE, KEITH E
Address: 4825 TRADEWINDS DRIVE SOUTH
City-St-Zip: GULFPORT, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: THOMAS W MULLINS

MEMB

04/07/2008

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