

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000062787**

1. Entity Name  
RG53, LLC



Principal Place of Business  
2025 EAST 7TH AVENUE  
TAMPA, FL 33605-0999

Mailing Address  
2025 EAST 7TH AVENUE  
TAMPA, FL 33605-0999



04202006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-1678893

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FOWLER WHITE BOGGS BANKER P.A.  
% JEFFREY C. SHANNON  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P
NAME	GONZMART, RICHARD
STREET ADDRESS	2025 S 7TH AVE
CITY-STATE-ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

~~U00000548381~~  
~~05/12/06-00001-024 150.00~~

**DO NOT WRITE  
IN THIS SPACE**

U00000562771  
05/19/06-80068-020 50.00

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

*Richard Gonzmart*

4/26/06

Date

813-248-3000

Daytime Phone #