

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066588

FILED
Mar 17, 2006
Secretary of State

Entity Name: ST. PETE BEACH PROPERTIES, LLC

Current Principal Place of Business:

611 WEST BAY STREET
TAMPA, FL 33611

New Principal Place of Business:

1000 S HARBOUR ISLAND BOULEVARD
2609
TAMPA, FL 33602

Current Mailing Address:

611 WEST BAY STREET
TAMPA, FL 33611

New Mailing Address:

POST OFFICE BOX 1839
TAMPA, FL 33601

FEI Number: 20-1602700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HPB MANAGEMENT INC
611 W BAY STREET
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

F & L CORP
ONE INDEPENDENT DRIVE
1300
JACKSONVILLE, FL 32202 US

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: RANDOLPH J WOLFE, VICE PRESIDENT

03/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: HPB MANAGEMENT INC.,
Address: 611 W BAY STREET
City-St-Zip: TAMPA, FL 33606 US

Title: MGR () Delete
Name: SUAREZ FINANCIAL GRO, UP, INC.
Address: PO BOX 3398
City-St-Zip: TAMPA, FL 33601 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SUAREZ FINANCIAL GRO, UP, INC.
Address: PO BOX 1839
City-St-Zip: TAMPA, FL 33601 US

I hereby certify that the information supplied with this filing does not qualify for the 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: SUAREZ FINANCIAL GROUP, INC.

MGR

03/17/2006

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