

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

4/ **FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90041 019 \*\*\*\*50.00

<b>DOCUMENT # L04000070104</b> 1. Entity Name <b>PINELLAS CROSSROADS LLC</b>					
Principal Place of Business <b>2910 WEST BAY TO BAY BOULEVARD, SUITE 200 TAMPA, FL 33629</b>				Mailing Address <b>2910 WEST BAY TO BAY BOULEVARD, SUITE 200 TAMPA, FL 33629</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		04152005    Chg-LLC    CR2E083 (10/03)  4. FEI Number <div style="border: 1px solid black; padding: 2px; display: inline-block; font-family: monospace; font-size: 1.2em;">20-1684457</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; font-size: 0.8em;">Applied For Not Applicable</div>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>KENNEDY, DAVID A 2910 WEST BAY TO BAY BOULEVARD, SUITE 200 TAMPA, FL 33629</b>	
7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____	
<b>Filing Fee is \$80.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member</i> <b>William h. Gibson</b> <b>2910 W Bay to Bay Blvd</b> <b>Tampa FL 33629</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member</i> <b>Joseph A Kennedy</b> <b>2910 W. Bay to Bay Blvd</b> <b>Tampa FL 33629</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Managing Member</i> <b>David A. Kennedy</b> <b>2910 W. Bay to Bay Blvd</b> <b>Tampa FL 33629</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 registered trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b>				Date: <b>4.21.05</b> Daytime Phone: <b>813 221 7525</b>	

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