

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075686

FILED
Jan 30, 2007
Secretary of State

Entity Name: INFINITY ST. PETERSBURG, LLC

Current Principal Place of Business:

1700 66TH ST. N
STE. 301
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

1700 66TH ST. N
STE. 301
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 20-1762616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODNER, TIMOTHY J PRES
1700 66TH ST NO
SUITE 301
ST. PETERSBURG, FL 33710 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: MER () Delete
Name: INFINITY FINANCIAL H. OLDING CO.
Address: 1700 66TH ST. N., STE 301
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGRM () Delete
Name: BODNER, TIM
Address: 1700 66TH ST. N., SUITE 301
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGRM () Delete
Name: BROOKE, WILLIAM JR.
Address: 1700 66TH ST. N., STE. 301
City-St-Zip: ST. PETERSBURG, FL 33710

ADDITIONS/CHANGES:

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

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

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

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: TIMOTHY J. BODNER

MGRM

01/30/2007

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