### **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

#### DOCUMENT # L04000076242

ST. PETERSBURG GENERAL PROPERTY, LLC



Principal Place of Business

731 JAMESTOWN DRIVE WINTER PARK, FL 32792 Mailing Address

731 JAMESTOWN DRIVE WINTER PARK, FL 32792

# **FILED** May 02, 2006 8:00 am Secretary of State

05-02-2006 90027 008 \*\*\*\*50.00

20042419



04072006 No Chg-LLC DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number 20-1776355

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHAFFEY, JAMES W 731 JAMESTOWN DRIVE WINTER PARK, FL 32792

## 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHAFFEY, JAMES W 731 JAMESTOWN DRIVE WINTER PARK, FL 32792	no/ivinividens	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHAFFEY, MARK T 3700 POMPANO DRIVE 8E ST PETERSBURG; FL 33703	100 – 2 <sup>nd</sup> Ave So #302N St. Petersburg, FL 33701	
TITLE NAME STREET ADORESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the			

### DO NOT WRITE IN THIS SPACE

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 Mahaffer

James W.

04-10-06

407-677-0650

Date

Daytime Phone #