

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

1056


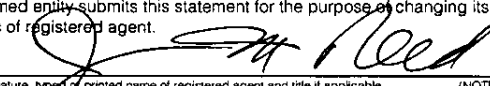
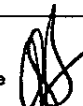
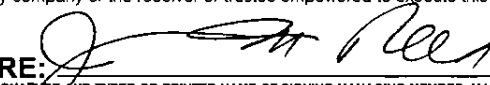
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2007 MAY 10 PM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03152007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000077345			
1. Entity Name PASCO PLATT ROAD LLC			
Principal Place of Business 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		Mailing Address 9625 WES KEARNEY WAY RIVERVIEW, FL 33569	
2. Principal Place of Business - No P.O. Box # 5115 JOANNE KEARNEY BLVD.		3. Mailing Address P.O. BOX 5299	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33619	Country USA	Zip 33675-5299	Country USA
4. FEI Number 20-1789971		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569		7. Name and Address of New Registered Agent Name JAMES M. REED Street Address (P.O. Box Number is Not Acceptable) 5115 JOANNE KEARNEY BLVD. City TAMPA FL 33619	
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  DATE 3/27/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State 	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, TRACY J JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5115 JOANNE KEARNEY BLVD. TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEARNEY, BING W JR 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5115 JOANNE KEARNEY BLVD. TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000103095320 05/23/07--01010--009 **550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE 3/27/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

Date

Daytime Phone #