

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90035 039 *****50.00

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1. Entity Name
LIST RESIDENTIAL, LLC



Principal Place of Business
2101 W. PLATT STREET #200
TAMPA, FL 33606

Mailing Address
KOEHLER & COMPANY, PA
502 N ARMENIA AVENUE
TAMPA, FL 33609

14005762



2. Principal Place of Business

3. Mailing Address

2101 W. PLATT ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

City & State

TAMPA FL

Zip

Country

Zip

Country

33606

USA

04222005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1909259

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOEHLER, KEITH W
502 N ARMENIA AVENUE
TAMPA, FL 33609

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

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

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR - ☐ Delete
NAME LUM, JOHN
STREET ADDRESS 2101 W PLATT STREET #200
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GULUZIAN, ARAM
STREET ADDRESS 2101 W PLATT STREET #200
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

4-26-05 (813) 258-5478