

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000089718

1. Entity Name
PASADENA PARTNERS, L.L.C.



Principal Place of Business
**535 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**

Mailing Address
**535 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2000017

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RAHDERT, GEORGE K
535 CENTRAL AVENUE
ST. PETERSBURG, FL 33701**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RAHDERT, GEORGE K
STREET ADDRESS	535 CENTRAL AVENUE
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	MGRM
NAME	BECKER, HOWARD
STREET ADDRESS	6036 CENTRAL AVENUE, SUITE A
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	MGRM
NAME	LAWYA, MARC
STREET ADDRESS	6036 CENTRAL AVENUE, SUITE A
CITY-ST-ZIP	ST. PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000743997
05/15/07-80132-001 50.00.

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #