

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90106 010 ****55.00

40040001



04182005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-2048202

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, VANESSA N ESQUIRE
1110 N. FLORIDA AVENUE
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name Loren M. Pollack
Street Address (P.O. Box Number is Not Acceptable)
27001 US Hwy 19 N, Suite 2095
City Clearwater FL 33761

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 Loren M. Pollack *Loren M. Pollack* 4/18/05
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

TITLE Member
NAME Stuart S. Golding Co. ☐ Delete
STREET ADDRESS 27001 US Hwy 19 N, Suite 2095
CITY-ST-ZIP Clearwater, FL 33761

TITLE Member
NAME Greg Van Bebber ☐ Delete
STREET ADDRESS 27001 US Hwy 19 N, Suite 2095
CITY-ST-ZIP Clearwater, FL 33761

TITLE Member
NAME Ivy Realty Trust ☐ Delete
STREET ADDRESS 27001 US Hwy 19 N, Suite 2095
CITY-ST-ZIP Clearwater, FL 33761

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Loren M. Pollack* Loren M. Pollack 4/18/05 (727) 796-1077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #