

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90095 042 \*\*\*\*50.00

20051859



<b>DOCUMENT # L04000091627</b> 1. Entity Name <b>LIONEL FOX LLC</b>																													
Principal Place of Business <b>807 E. HANNA AVE</b> <b>TAMPA, FL 33604 US</b>			Mailing Address <b>807 E. HANNA AVE</b> <b>TAMPA, FL 33604 US</b>																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
4. FEI Number <b>04252005</b> Chg-LLC CR2E083 (10/03)				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent  <b>HEVIA, PETER R JR</b> <b>7912 N. SAINT PETER AVE</b> <b>TAMPA, FL 33614</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%; text-align: right;">Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MGRM</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>Lionel Fox</b></td> <td></td> </tr> <tr> <td></td> <td><b>807 E. Hanna Ave</b></td> <td></td> </tr> <tr> <td></td> <td><b>Tampa, FL 33604</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete	STREET ADDRESS	<b>MGRM</b>		CITY-ST-ZIP	<b>Lionel Fox</b>			<b>807 E. Hanna Ave</b>			<b>Tampa, FL 33604</b>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 20%; text-align: right;">Change Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	STREET ADDRESS			CITY-ST-ZIP		
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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.																													
<b>SIGNATURE:</b> <u><i>Lionel Fox</i></u> <b>4/27/05</b> <b>813-239-2907</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													