

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/ **FILED**
Jun 03, 2005 8:00 am
Secretary of State

05-20-2005 90208 019 ****55.00

DOCUMENT # L04000093934

1. Entity Name
FRANCISCO GAINER, LLC



Principal Place of Business
**121 S DAKOTA AVENUE
TAMPA, FL 33606**

Mailing Address
**121 S DAKOTA AVENUE
TAMPA, FL 33606**

30008574



2. Principal Place of Business
131 S. DAKOTA AVE.

3. Mailing Address
SAME

Suite, Apt. #, etc.
Tampa Fla.

Suite, Apt. #, etc.
SAME

City & State
Tampa Fla.

City & State
Hillsborough

Zip
33606

Country
FL

04272005 Chg-LLC CR2E083 (10/03)

4. FEE
02-0744-216

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent
**GAINER, FRANCISCO
121 S DAKOTA AVENUE
TAMPA, FL 33606**

7. Name and Address of New Registered Agent
None

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 **Francisco Gainer** DATE **5-17-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

FBI Number
020744-216

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GAINER, FRANCISCO 121 S DAKOTA AVENUE TAMPA, FL 33606 <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
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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 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: **Francisco Gainer** DATE **5-17-05** 813)334-3723

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

To: Annual Reports Section
From: Francisco Gainer, LLC
Subject: Annual Report
Date: 5/31/05

ATTACHMENT
30008574
L04 000093934

To Whom It May Concern.

I am sorry for the confusion on my Annual Report, block 4. I file everything under my name as a LLC and use my social security number as I would prior to this as a sole proprietor. Thank you for your time in this matter.

P.S. My NEW NUMBER IS! FEI) 02-0744-216

Francisco Gainer, LLC

Francisco Gainer