

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094303

Entity Name: 5100 SEMINOLE BLVD., LLC

**FILED**  
**Apr 14, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

5100 SEMINOLE BOULEVARD  
ST. PETERSBURG, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

5100 SEMINOLE BOULEVARD  
ST. PETERSBURG, FL 33708

**New Mailing Address:**

FEI Number: 33-1587864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALAN S. GASSMAN, ESQUIRE  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: M.D ( ) Delete  
Name: SPUZA-MILORD, MICHELLE S M.D  
Address: 5100 SEMINOLE BLVD  
City-St-Zip: SAINT PETERSBURG, FL 33708

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHELLE SPUZA-MILORD

PRES

04/14/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date