

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2006 8:00 am
Secretary of State

07-14-2006 90093 023 ****50.00

DOCUMENT # L05000015231 1. Entity Name FISCHGRUND REAL ESTATE, LLC					
Principal Place of Business 5710 4TH ST NO ST. PETERSBURG, FL 33703			Mailing Address 5710 4TH ST NO ST. PETERSBURG, FL 33703		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VALZ, JOSEPH F 710 94TH AVE NO #302 ST. PETERSBURG, FL 33702				Name 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGR ☐ Delete			TITLE	☐ Change ☐ Addition
NAME	FISCHGRUND, THOMAS N			NAME	
STREET ADDRESS	5710 4TH ST NO			STREET ADDRESS	
CITY - ST - ZIP	ST. PETERSBURG, FL 33703			CITY - ST - ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE	☐ Delete			TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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:				7-26-06 727-522-1151	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	



07122006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2332629** Applied For Not Applicable

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