


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90034 011 \*\*\*\*50.00

**DOCUMENT # L05000035562**

1. Entity Name  
**HUPP RETAIL WEST BAY LLC**



Principal Place of Business  
**607 WEST BAY STREET  
 TAMPA, FL 33606**

Mailing Address  
**607 WEST BAY STREET  
 TAMPA, FL 33606**

**30007074**



2. Principal Place of Business  
**635 COURT ST  
 Suite, Apt. #, etc.  
 Suite 201**

3. Mailing Address  
**907 S. Ft. Harrison Ave  
 Suite, Apt. #, etc.  
 Suite 102**

04142006 Chg-LLC CR2E083 (11/05)

City & State  
**Clearwater FL**

City & State  
**Clearwater FL**

Zip  
**33756**

Country  
**USA**

Zip  
**33756**

Country  
**USA**

4. FEI Number  
**03-0566375**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**HUPP, ANDREW  
 607 WEST BAY STREET  
 TAMPA, FL 33608**

7. Name and Address of New Registered Agent

Name  
 \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
**907 S. Ft. Harrison Ave**

**Suite 102**

City  
**Clearwater**

FL Zip Code  
**33756**

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 Andrew J. Hupp Mgr DATE 4/14/06

Signature, typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGR	HUPP, ANDREW	607 WEST BAY STREET	TAMPA, FL 33606	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		907 S. Ft. Harrison Ave #102	Clearwater FL 33756	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Andrew J. Hupp Mgr Date 4/14/06

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