

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000037419

FILED  
Mar 23, 2006  
Secretary of State

Entity Name: SOUTH TAMPA REALITY GROUP, LLC

## Current Principal Place of Business:

3602 HENDERSON BLVD  
TAMPA, FL 33609

## New Principal Place of Business:

## Current Mailing Address:

3602 HENDERSON BLVD  
TAMPA, FL 33609

## New Mailing Address:

FEI Number: 20-2687356

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SCAGLIONE, THOMAS E  
18816 CHAVILLE ROAD  
LUTZ, FL 33558 US

## Name and Address of New Registered Agent:

MINARDI COHEN, NORMA  
608 S LOIS AVE  
TAMPA, FL 33609 US

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: NORMA MINARDI COHEN

03/23/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MINARDI-COHEN, NORMA  
Address: 3205 W DELEON, UNIT F  
City-St-Zip: TAMPA, FL 33609 US

Title: MGRM ( ) Delete  
Name: MINARDI, BEVERLY A  
Address: 14528 MIRABELLE VISTA CR  
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM (X) Delete  
Name: SCAGLIONE, THOMAS E  
Address: 18816 CHAVILLE ROAD  
City-St-Zip: LUTZ, FL 33558 US

Title: MGRM (X) Delete  
Name: COOLIDGE, JAMES H  
Address: 7115 E WAREHAM DR  
City-St-Zip: TAMPA, FL 33647 US

## ADDITIONS/CHANGES:

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

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

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

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: NORMA MINARDI COHEN

MGRM

03/23/2006

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