

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90030 035 \*\*\*\*50.00

**DOCUMENT # L05000039970**

1. Entity Name  
**PASADENA INVESTMENT MANAGEMENT PARTNERS,  
LLC**



Principal Place of Business  
**475 CENTRAL AVENUE  
KRESS BUILDING, SUITE 205  
ST. PETERSBURG, FL 33701 US**

Mailing Address  
**475 CENTRAL AVENUE  
KRESS BUILDING, SUITE 205  
ST. PETERSBURG, FL 33701 US**

**20037316**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01192006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number  
**20-2725791**

Applied For  
Not Applicable

Zip Country

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

**6. Name and Address of Current Registered Agent**

**SUN VISTA DEVELOPMENT GROUP, LLC  
475 CENTRAL AVENUE  
KRESS BUILDING, SUITE 205  
ST. PETERSBURG, FL 33701**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE **MGR** ☐ Delete  
NAME **LODER, JOHN**  
STREET ADDRESS **475 CENTRAL AVENUE, SUITE 205**  
CITY-ST-ZIP **ST. PETERSBURG, FL 33701**

**10. ADDITIONS/CHANGES**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

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

*John Loader*

Date **4/20/06** Daytime Phone # **(727) 894-6084**