


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90030 020 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L05000042955</b>          |  |
| 1. Entity Name<br>150 175TH AVENUE, LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>2340 STATE ROAD 580, SUITE W<br>CLEARWATER, FL 33763 | Mailing Address<br>2340 STATE ROAD 580, SUITE W<br>CLEARWATER, FL 33763 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>5584 Rio Vista Dr<br>Suite, Apt. #, etc. | 3. Mailing Address<br>5584 Rio Vista Dr<br>Suite, Apt. #, etc. |
|--|--|

|                               |                               |
|-------------------------------|-------------------------------|
| City & State<br>Clearwater FL | City & State<br>Clearwater FL |
| Zip<br>33760                  | Country<br>USA                |
| Zip<br>33760                  | Country<br>USA                |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>D & B CORPORATE SERVICES, INC.<br>5999 CENTRAL AVE., SUITE 202<br>ST. PETERSBURG, FL 33710 |  |
|---|--|

**60050231**



04262007 Chg-LLC CR2E083 (12/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>20-2775990 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|


|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

|   |      |
|---|------|
| 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    | DATE |

|   |  |
|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2007 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GANNAWAY, GUY L<br>2340 STATE ROAD 580, SUITE W<br>CLEARWATER, FL 33763 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>STALKER, MARK J<br>2340 STATE ROAD 580, SUITE W<br>CLEARWATER, FL 33763 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:         | DATE | Daytime Phone # |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE |      |                 |