

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90147 026 ****50.00

DOCUMENT # L05000048363

1. Entity Name

1034 N. GADSDEN ST. LLC



Principal Place of Business

~~423 ALL SAINTS STREET~~
TALLAHASSEE FL 32301

Mailing Address

P.O. BOX 15694
TALLAHASSEE FL 32317



2. Principal Place of Business

310 Blount Street

Suite, Apt. #, etc.

~~108~~

City & State

Tallahassee FL

Zip

32301

Country

U.S.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

56-2514979

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PAGOZALSKI, MICHAEL

~~423 ALL SAINTS STREET~~
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

810 Saint Michael Street #1

City

Tallahassee

FL

Zip Code

32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE MGRM ☐ Delete
NAME PAGOZALSKI, MIKE
STREET ADDRESS P.O. BOX 15694
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE MGRM ☐ Delete
NAME ROSEN, PETER
STREET ADDRESS P.O. BOX 15694
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE MGRM ☐ Delete
NAME BYRNE, CORY
STREET ADDRESS P.O. BOX 15694
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE MGRM ☐ Delete
NAME MASTRY, MICHAEL
STREET ADDRESS P.O. BOX 15694
CITY-ST-ZIP TALLAHASSEE FL 32317

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☒ Change ☐ Addition
NAME Byrne, John C. III
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 Section 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

Date

Daytime Phone #

2/9/06 850-221-0605