



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90015 038 \*\*\*\*55.00

DOCUMENT # L05000053047																													
1. Entity Name <b>JOSE I. LOPEZ REAL ESTATE LLC</b>																													
Principal Place of Business <b>10614 GRETN GREEN DRIVE TAMPA, FL 33626</b>			Mailing Address <b>10614 GRETN GREEN DRIVE TAMPA, FL 33626</b>																										
2. Principal Place of Business <b>6101 WEBB ROAD</b> Suite, Apt. #, etc. <b>SUITE 209</b>		3. Mailing Address <b>6101 WEBB ROAD</b> Suite, Apt. #, etc. <b>SUITE 209</b>		40091213  																									
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA, FL</b>		4. FEI Number <b>20-2915785</b>																									
Zip <b>33615</b>		Country <b>HILBOROUGH</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>LOPEZ, JOSE I 10614 GRETN GREEN DRIVE TAMPA, FL 33626</b>				7. Name and Address of New Registered Agent Name <b>JOSE I. LOPEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>6101 WEBB ROAD SUITE 209</b> City <b>TAMPA</b> FL Zip Code <b>33615</b>																									
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 <b>JOSE I. LOPEZ</b> DATE <b>5/8/2006</b> <small>Signature, typed or printed name of registered agent and two if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOPEZ, JOSE I</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10614 GRETN GREEN DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33626</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	LOPEZ, JOSE I		STREET ADDRESS	10614 GRETN GREEN DRIVE		CITY-ST-ZIP	TAMPA, FL 33626		10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:40%;">MGRM</td> <td style="width:30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>JOSE I. LOPEZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6101 WEBB ROAD, SUITE 209</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA FL 33615</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	JOSE I. LOPEZ		STREET ADDRESS	6101 WEBB ROAD, SUITE 209		CITY-ST-ZIP	TAMPA FL 33615	
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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: <b>JOSE I. LOPEZ</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>5/8/2006</b> Daytime Phone # <b>(813) 890-8000</b>																									