


FILED
May 01, 2006 8:00 am
Secretary of State

2100-

DOCUMENT # L05000053672		05-01-2006 90046 015 *****50.00	
1. Entity Name CAESAR STREET, LLC			
Principal Place of Business 201 N. FRANKLIN STREET, SUITE 2000 C/O DAVID M. BOGGS TAMPA, FL 33602		Mailing Address 201 N. FRANKLIN STREET, SUITE 2000 C/O DAVID M. BOGGS TAMPA, FL 33602	
2. Principal Place of Business 5607 JOHNS RD Suite, Apt. #, etc. 1001		3. Mailing Address 5607 JOHNS RD. Suite, Apt. #, etc. 1001	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33634	Country HILLSBOROUGH	Zip 33634	Country HILLSBOROUGH
6. Name and Address of Current Registered Agent BOGGS, DAVID M 201 N. FRANKLIN STREET, SUITE 2000 TAMPA, FL 33602		4. FEI Number 02-0746631	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL		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 _____ (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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<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: Anthony S. Italiano Jr.		4/26/06 (813)254-3883	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	