

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90117 029 ****50.00

DOCUMENT # L05000053672

1. Entity Name
CAESAR STREET, LLC



Principal Place of Business

**5607 JOHNS RD
1001
TAMPA, FL 33634**

Mailing Address

**5607 JOHNS RD
1001
TAMPA, FL 33634**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03152007 Chg-LLC CR2E083 (12/06)

4. FEI Number

02-0746631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOGGS, DAVID M
201 N. FRANKLIN STREET, SUITE 2000
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name **ITALIANO, SR, ANTHONY S**

Street Address (P.O. Box Number is Not Acceptable)
5607 JOHNS RD, STE 1001

City **TAMPA**

FL

Zip Code
33634

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 *Anthony S. Italiano Sr.* **Anthony S. Italiano, Sr.**

3/16/07

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ITALIANO, SALVATORE A**
STREET ADDRESS **5607 JOHNS RD., SUITE 1001**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **MGR** ☐ Delete
NAME **ITALIANO, SR, ANTHONY S**
STREET ADDRESS **5607 JOHNS RD., SUITE 1001**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE **MGR** ☐ Delete
NAME **ITALIANO, SALVATORE A TR**
STREET ADDRESS **5607 JOHNS RD., SUITE 1001**
CITY-ST-ZIP **TAMPA, FL 33634**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **ITALIANO, SALVATORE A**
STREET ADDRESS **5607 JOHNS RD, STE 1001**
CITY-ST-ZIP **TAMPA, FL 33634**

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

TITLE ☐ Change ☐ Addition
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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: *Anthony S. Italiano Sr.* **Anthony S. Italiano, Sr.**

3/16/07 813-254-3883

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

Date

Daytime Phone #