


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90016 043 ***138.75

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 # 3413 BEACH DRIVE		3. Mailing Address P.O. BOX 1589	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State ELFERS, FL	
Zip 33629	Country	Zip 34680	Country
6. Name and Address of Current Registered Agent ITALIANO, ANTHONY S SR 5607 JOHNS RD SUITE 1001 TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3413 BEACH DRIVE City TAMPA FL Zip Code 33629	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ITALIANO, SALVATORE A 5607 JOHNS RD.,SUITE 1001 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2823 SOUTH MACDILL AVENUE TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ITALIANO, SR, ANTHONY S 5607 JOHNS RD.,SUITE 1001 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3413 BEACH DRIVE TAMPA, FL 33629
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: Anthony S. Italiano Anthony S. Italiano Sr. 4/9/08 813-920-5680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

00027982



01172008 Chg-LLC CR2E083 (12/06)

4. FEI Number
02-0746631 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required