2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2006
Secretary of State

DOCUMENT# L05000058349

Entity Name: FORM + SPACE OF FLORIDA LLC

Current Principal Place of Business:

120 10TH AVE NE
ST PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

120 10TH AVE NE
ST PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-2983648 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZIMMER & LAWSON ACCOUNTING SERV
2403 STATE STREET
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: KELLEY, CHARLOTTE
Address: 18325 GULF BLVD
City-St-Zip: REDING SHORES, FL 33708-105 US

Title: MGRM ( ) Delete
Name: ALEXANDER, KRISTINE
Address: 120 10TH AVE NE
City-St-Zip: ST. PETERSUBRG, FL 33701 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: ALEXANDER, NATHAN
Address: 120 10TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33701 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHARLOTTE KELLEY MGMR 04/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date