
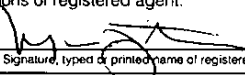
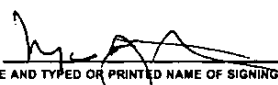


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90030 030 ****50.00

DOCUMENT # L05000062920					
1. Entity Name 148 175TH AVENUE, LLC					
Principal Place of Business 2340 STATE ROAD 580, SUITE W CLEARWATER, FL 33763			Mailing Address 2340 STATE ROAD 580, SUITE W CLEARWATER, FL 33763		
2. Principal Place of Business - No P.O. Box # 5584 RIO VISTA Dr Suite, Apt. #, etc.		3. Mailing Address 5584 RIO VISTA Dr Suite, Apt. #, etc.			
City & State Clearwater FL		City & State Clearwater FL			
Zip 33760		Country USA		Zip 33760	
Country USA		Country USA			
4. FEI Number 20-3974248			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent D & B CORPORATE SERVICES, INC. 5999 CENTRL AVENUE, SUITE 202 ST. PETERSBURG, FL 33710			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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  DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GANNAWAY, GUY L		NAME		
STREET ADDRESS	2340 STATE ROAD 580, SUITE W		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STALKER, MARK J		NAME		
STREET ADDRESS	2340 STATE ROAD 580, SUITE W		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33763		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date	
				Daytime Phone #	

00000001



04262007 Chg-LLC CR2E083 (12/06)