


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90101 047 ***138.75

DOCUMENT # L05000062920

1. Entity Name
 148 175TH AVENUE, LLC



Principal Place of Business Mailing Address

5584 RIO VISTA DR 5584 RIO VISTA DR
 CLEARWATER, FL 33760 CLEARWATER, FL 33760

2. Principal Place of Business - No P.O. Box 3. Mailing Address

19535 Gulf Blvd 19535 Gulf Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite E Suite E

City & State City & State

Indian Shores, FL Indian Shores, FL

Zip Zip Country Country

33785 USA 33785 USA



01292008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For

20-3974248 Not Applicable

5. Certificate of Status Desired \$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)

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</p>	<p>Make check payable to Florida Department of State</p>
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9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GANNAWAY, GUY L	
STREET ADDRESS	2340 STATE ROAD 580, SUITE W	
CITY - ST - ZIP	CLEARWATER, FL 33763	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	STALKER, MARK J	
STREET ADDRESS	2340 STATE ROAD 580, SUITE W	
CITY - ST - ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Guy L Gannaway Date: 4/8/08 Daytime Phone #: (727) 726-2547

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

Guy Gannaway