

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90047 005 \*\*\*\*50.00

<b>DOCUMENT # L05000078661</b> 1. Entity Name <b>5300 LLC</b>					
Principal Place of Business <b>P.O. BOX 0707 PINELLAS PARK, FL 33780</b>			Mailing Address <b>P.O. BOX 0707 PINELLAS PARK, FL 33780</b>		
2. Principal Place of Business <b>5430 70th Ave N</b> Suite, Apt. #, etc.		3. Mailing Address <b>6526 Kingsboro Dr N</b> Suite, Apt. #, etc.			
City & State <b>Pinellas Park FL</b> Zip <b>33781</b> Country <b>USA</b>		City & State <b>St Petersburg FL</b> Zip <b>33702</b> Country <b>USA</b>		4. FEI Number <b>20-3287571</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>O'CONNOR, PATRICK M ESQ. C/O O'CONNOR &amp; ASSOCIATES 1250 S. BELCHER ROAD, SUITE 160 LARGO, FL 33771</b>			7. Name and Address of New Registered Agent Name <b>Debra Clemens</b> Street Address (P.O. Box Number is Not Acceptable) <b>6526 Kingsboro Dr N</b> City <b>St Petersburg</b> <b>FL</b> Zip Code <b>33702</b>		
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 <u><i>Debra Clemens</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/20/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager Robert Roy Jackson 6035 5th Ave St Petersburg FL 33706</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Manager Debra Clemens 6526 Kingsboro Dr N St Petersburg FL 33702</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Debra Clemens</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/20/06</u> Daytime Phone # <u>7476394280</u>	