

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AB)

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-10-2006 90018 050 ****50.00

DOCUMENT # L05000084419 1. Entity Name SEVIERVILLE ROAD LLC					
Principal Place of Business 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713			Mailing Address 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1259975	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HINES, J. BRADFORD 100 FIRST AVENUE SOUTH, SUITE 500 ST. PETERSBURG FL 33701				7. Name and Address of New Registered Agent J. Bradford Hines 100 2nd Avenue South Suite 301N St. Petersburg, FL 33701	
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 <i>J. Bradford Hines</i> (Signature typed or printed name of registered agent and title if applicable)				DATE 5/1/06 (NOTE: Registered Agent signature required when re-registered)	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUCKER AGUIRRE, FRED C 5115 OLD ELLIS POINTE ROSWELL GA 30076	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SERTICH, LARRY 5115 OLD ELLIS POINTE ROSWELL GA 30076	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHERER, CLARK H III 2152 14TH CIRCLE NORTH ST. PETERSBURG FL 33713	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK AGUIRRE, TUCKER 5115 OLD ELLIS POINTE ROSWELL GA 30076	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK AGUIRRE, TUCKER 5115 OLD ELLIS POINTE ROSWELL GA 30076	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHADWICK AGUIRRE, TUCKER 5115 OLD ELLIS POINTE ROSWELL GA 30076	☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 <i>J. Bradford Hines</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE 5/1/06 Date Daytime Phone #	