


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90034 024 \*\*\*\*50.00

<b>DOCUMENT # L05000087351</b> 1. Entity Name 49 AEGEAN AVENUE, LLC	
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Principal Place of Business 101 ADALIA AVENUE TAMPA, FL 33601	Mailing Address 329 COLUMBIA DR TAMPA, FL 33606
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**DO NOT WRITE IN THIS SPACE**



03092007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 06-1786115	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GASSMAN, ALAN S 1245 COURT STREET STE 102 CLEARWATER, FL 33756
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**DO NOT WRITE  
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MC ELMURRAY, CLAY 329 COLUMBIA DR <del>GAINESVILLE, FL 32606</del> TAMPA, FL 33606
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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.

<b>SIGNATURE:</b> 	4/10/07
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>
	<small>Daytime Phone #</small>