

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # L05000093425

1. Entity Name
THE GREAT ONE #21, LLC



Principal Place of Business
3502 BAY TO BAY BOULEVARD
TAMPA, FL 33611

Mailing Address
3502 BAY TO BAY BOULEVARD
TAMPA, FL 33611



01082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3508183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASTELLANO, NELSON T
101 E. KENNEDY BOULEVARD, SUITE 2700
TAMPA, FL 33602

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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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	MUSCARO, TIMOTHY
STREET ADDRESS	3502 BAY TO BAY BLVD.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	MARSHALL, JOHN R
STREET ADDRESS	3502 BAY TO BAY BLVD.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	D
NAME	ABDONET, MICHAEL
STREET ADDRESS	3502 BAY TO BAY BLVD.
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/07-80001-024 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Muscaro Timothy Muscaro 3/17/07 813 839-6999