

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90310 001 \*\*\*416.25

**DOCUMENT # L05000094689**

**1. Entity Name**

HWY 301 SOUTH PROPERTY, LLC



**Principal Place of Business**

1202 PARRILLA DE AVILA  
TAMPA, FL 33613

**Mailing Address**

1202 PARRILLA DE AVILA  
TAMPA, FL 33613

**30004893**



**DO NOT WRITE IN THIS SPACE**

04132008 No Chg-LLC

CR2E083 (12/07)

**4. FEI Number**

20-3002711

**Applied For**

Not Applicable

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

TSOKOS, CHRIS P  
1201 PARRILLA DE AVILA  
TAMPA, FL 33613

**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**

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

<b>TITLE</b>	MGR
<b>NAME</b>	BRADNEY, DEBORAH
<b>STREET ADDRESS</b>	1202 PARRILLA DE AVILA
<b>CITY-ST-ZIP</b>	TAMPA, FL 33613
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
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<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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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:** CHRIS P. TSOKOS  
Chris P. Tsokos

R/A

4-14-08 (913) 961-1992

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

Date

Daytime Phone #