

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90078 035 ****55.00

DOCUMENT # L05000096146					
1. Entity Name SOUTH TAMPA LAND TRUST LLC					
Principal Place of Business 4535 SWANN STREET TAMPA, FL 33629			Mailing Address 4535 SWANN STREET TAMPA, FL 33629		
2. Principal Place of Business 3825 Henderson Blvd Suite, Apt. #, etc. Suite 600 City & State Tampa, FL Zip 33629 Country USA		3. Mailing Address P.O. Box 18165 Suite, Apt. #, etc. City & State Tampa, FL Zip 33679 Country USA			
05152006 Chg-LLC CR2E083 (11/05)					
4. FEI Number 20-5032331				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent REEDER, FRANCIS C 3802 WEST PALMIRA AVE. TAMPA, FL 33629			7. Name and Address of New Registered Agent Name: Dennis L. Scoby II Street Address (P.O. Box Number is Not Acceptable): 1920 Siesta Ct. City: Clearwater FL Zip Code: 33764		
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: Dennis L. Scoby II 8-14-06 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REEDER, FRANCIS C 3802 WEST PALMIRA AVE. TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Dennis L. Scoby II 1920 Siesta Ct. Clearwater, FL 33764	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCOBY, DENNIS R 4535 SWANN STREET TAMPA, FL 33629	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Francis C. Reeder 3802 West Palmira Ave Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	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	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	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: Dennis L. Scoby II 8-14-06 813 626-8200			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #		