#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### **DOCUMENT # L05000104695**

1. Entity Name

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

426 W. 58TH STREET, PH-4, LLC



Principal Place of Business

5350 TECH DATA DRIVE C/O STEVEN A. RAYMUND CLEARWATER, FL 33760 Mailing Address

5350 TECH DATA DRIVE C/O STEVEN A. RAYMUND CLEARWATER, FL 33760

## FILED Apr 23, 2007 8:00 am Secretary of State

04-23-2007 90361 029 \*\*\*\*50.00

TUUIUUIN



04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LESLIE J 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606

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	•			
	e named entity submits this statement for the purpose of chitions of registered agent.	anging its registered office or regis	stered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature requ	uired when reinstating)	DATE
D	iling Fee is \$50.00 lue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	RAYM <b>®</b> ND, SONIA V			
STREET ADDRESS	2020 BRIGHTWATERS BLVD., NE			
CITY-ST-ZIP	SAINT PETERSBURG, FL 33704			
TITLE				
NAME		1		
STREET ADDRESS				

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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.

SIGNATURE: Sonia Raymund 4-11-07 727-599-2670