


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-10-2006 90132 014 ****50.00

DOCUMENT # L05000109718 1. Entity Name HERCULES REAL ESTATE, LLC																											
Principal Place of Business % J. PAUL RAYMOND 625 COURT STREET, STE. 200 CLEARWATER FL 33756		Mailing Address % J. PAUL RAYMOND 625 COURT STREET, STE. 200 CLEARWATER FL 33756																									
2. Principal Place of Business 253 - 14th Street N.W.		3. Mailing Address 253 14th St N.W.																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Largo FL		City & State Largo FL																									
Zip 33770		Zip 33770																									
Country 		Country 																									
4. FEI Number 237-02-3577		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent RAYMOND, J. PAUL 625 COURT STREET STE. 200 CLEARWATER FL 33756		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 253 14th St N.W. City Largo FL Zip Code 33770																									
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR SHIRLEY, WILLIAM B 625 COURT STREET, STE. 200 CLEARWATER FL 33756 </td> <td style="width:50%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Joey Jones-Shirley 253 14th St N.W. Largo, FL 33770 </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR SHIRLEY, WILLIAM B 625 COURT STREET, STE. 200 CLEARWATER FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP MGR Joey Jones-Shirley 253 14th St N.W. Largo, FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> TITLE NAME STREET ADDRESS CITY - ST - ZIP 253 14th St. N.W. Largo, FL 33770 </td> <td style="width:50%; text-align: right;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> TITLE NAME STREET ADDRESS CITY - ST - ZIP </td> <td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP 253 14th St. N.W. Largo, FL 33770	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	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"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X <i>Joey Jones Shirley</i>		Date 727-584-6405																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #																									



ATTACHMENT

30003665

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2006

HERCULES REAL ESTATE, LLC
253-14TH STREET NW
LARGO, FL 33770

Subject: **HERCULES REAL ESTATE, LLC**

Reference Number: **L05000109718**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cd

ANNUAL REPORTS SECTION