

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113446

FILED  
May 01, 2006  
Secretary of State

Entity Name: 19TH AVENUE TOWNHOMES, LLC

## Current Principal Place of Business:

335 4TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

3245 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

## Current Mailing Address:

335 4TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701

## New Mailing Address:

3245 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713

FEI Number: 20-3841995      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CLEMENT, WILLIAM M  
335 4TH AVENUE SOUTH  
ST. PETERSBURG, FL 33701      US

## Name and Address of New Registered Agent:

JOSEPH C. WHITELOCK, PA  
3245 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33713      US

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.

SIGNATURE: JOSEPH C. WHITELOCK

05/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: M ( ) Change (X) Addition  
Name: CAPITAL RESOURCES & FUNDING, LLC  
Address: 3245 5TH AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33713

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOEL ATKINSON

MGR

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date