

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116493

Entity Name: ONE PASCO CENTER, LLC

FILED
May 05, 2006
Secretary of State

Current Principal Place of Business:

15909 LAYTON COURT
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

15909 LAYTON COURT
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-3901272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

KHATOR, SURESH K
15909 LAYTON COURT
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: KHATOR, SURESH K
Address: 15909 LAYTON CT
City-St-Zip: TA,PA, FL 33647

Title: MGRM () Change (X) Addition
Name: TSOKOS, CHRISTOS P
Address: 1202 PARRILLA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: MGRM () Change (X) Addition
Name: KOUTRAS, DENNIS C
Address: 1528 ALBEMARLE COURT
City-St-Zip: DUNEDIN, FL 34698

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: SURESH K KHATOR

MGR

05/05/2006

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