

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State

05-08-2006 90037 005 ****55.00

DOCUMENT # L05000116757 1. Entity Name 7TH STREET PROPERTY, LLC					
Principal Place of Business 5440 PINEBARK LN. WESLEY CHAPEL, FL 33543			Mailing Address 5440 PINEBARK LN. WESLEY CHAPEL, FL 33543		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 33 1127 879			Applied For ☒ Not Applicable		
5. Certificate of Status Desired ☒			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent OLIVITO, ANTHONY 5440 PINEBARK LN. WESLEY CHAPEL, FL 33543			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MANAGING PARTNER ANTHONY OLIVITO 5440 PINEBARK LANE WESLEY CHAPEL FL 33543		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PARTNER PAUL DUMKE 5430 PINEBARK LANE WESLEY CHAPEL FL 33543		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PARTNER JOE COZZOLINO 33942 AMERIKAWA AVE DADE CITY FL 33525		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Delete	☐ Change ☐ 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: <u>Anthony Olivito</u> <u>ANTHONY OLIVITO</u> 4/20/06 2181					