

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan. 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000119171

1. Entity Name
220 GULF BOULEVARD, LLC



Principal Place of Business
201 E. KENNEDY BLVD., SUITE 1111
TAMPA, FL 33602

Mailing Address
201 E. KENNEDY BLVD., SUITE 1111
TAMPA, FL 33602



01032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3957263

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SILCOX, FRANK C
201 E. KENNEDY BLVD.
SUITE 1111
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SILCOX, FRANK C
STREET ADDRESS	201 E. KENNEDY BLVD., STE. 1111
CITY - ST - ZIP	TAMPA, FL 33602

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01/16/07-80037-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Frank C. Silcox 1-5-07 813/209-0004

Date

Daytime Phone #