2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000003646

1. Entity Namo

METRO REDEVELOPMENT, LLC



FILED
Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90461 027 ****50.00



							Liver ,					
Principal Place of Business				Mailing Address								
322 RIO VISTA COURT TAMPA FL 33604				322 RIO VISTA COURT TAMPA FL 33604								
2. Principal Place of Business - No P.O. Box #				3. Mailing Address						INN 11118 NIII1 NEE72 F		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				1st MOORE	CR2E08	3 (10/06)		
City & State				City & State			4. FEI Nu	ımber		T	plied For Applicable	
Zip	Country			Zip Counti			5. Certific	5. Certificate of Status Desired S5.00 Additional Fee Required				
6. Name and Address of Current F				egistered Agent			7. Name	7. Name and Address of New Registered Agent				
<u> </u>						Namo						
LUCIER, THOMAS J 322 RIO VISTA COURT						Street Address (P.O. Box Number is Not Acceptable)						
TAMPA FL 33604												
									F	L Zip Code	9	
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 princed name of registered agent and talls if applicable. (NOTE Registered Agent signature required when constaining) DATE												
PUE NOMILLETT IO ACO OO												
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State												
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0		MANAGING MEM			10.	., .,		ADDITION	IS/CHANGE	·c		
9.		MANAGING MEN	IBERS/MAN			,		ADDITION	15/CHANGE		Addition	
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NAME	LUCIER, BARB	ARA V			NAM					_ "	_	
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11 hereby	certify that the info	ermation supplied	with this filin	na does not qualify	for the e	xemptions co	ontained in Section	n 119. Florida Statuto	s. I further o	ertify that the i	nformation	

indicated on this report is true and accurate and that my stenature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 20000