

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008571

FILED
Apr 03, 2009
Secretary of State

Entity Name: 500 SOUTH HIMES VENTURES, LLC

Current Principal Place of Business:

5004 E. FOWLER AVENUE, SUITE E
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

5004 E. FOWLER AVENUE, SUITE E
TAMPA, FL 33617

New Mailing Address:

FEI Number: 20-4165076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONOFRIO, DAVID M
5004 E FOWLER AVE
SUITE E
TAMPA, FL 33617 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: PD () Delete
Name: DONOFRIO, DAVID M
Address: 5004 E FOWLER AVE SUITE E
City-St-Zip: TAMPA, FL 33617

Title: TD () Delete
Name: GALLAGHER, DANNIE
Address: 5004 E FOWLER AVE SUITE E
City-St-Zip: TAMPA, FL 33617

Title: TD () Delete
Name: EWING, OWEN C
Address: 5004 E FOWLER AVE SUITE E
City-St-Zip: TAMPA, FL 33617

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID DONOFRIO

PD

04/03/2009

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