

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000017814

FILED
Mar 30, 2007
Secretary of State

Entity Name: LIST WITH BEGGINS L.L.C.

Current Principal Place of Business:

6542 US HWY., 41 NORTH
APOLLO BEACH, FL 33572

New Principal Place of Business:

2101 WEST PLATT STREET
TAMPA, FL 33609

Current Mailing Address:

6542 US HWY., 41 NORTH
APOLLO BEACH, FL 33572

New Mailing Address:

FEI Number: 20-4355825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEGGINS, CRAIG J
6542 US HWY., 41 NORTH
APOLLO BEACH, FL 33572 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: MGRM () Delete
Name: BEGGINS ENTERPRISES,
Address: 6542 US HWY., 41 NORTH
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGRM () Delete
Name: LIST DEVELOPERS, LLC,
Address: 2101 W. PLATT ST., STE. 200
City-St-Zip: TAMPA, FL 33609

Title: MGRM () Delete
Name: LIST PROPERTIES, LLC,
Address: 2101 W. PLATT ST., STE. 200
City-St-Zip: TAMPA, FL 33609

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 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: CRAIG BEGGINS

P

03/30/2007

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