


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90078 009 \*\*\*150.00

**DOCUMENT # L06000047713**

1. Entity Name  
 2000 BUILDING, LLC




Principal Place of Business      Mailing Address  
 525 ANDROS LANE                      525 ANDROS LANE  
 INDIAN HARBOUR BEACH, FL 32937      INDIAN HARBOUR BEACH, FL 32937

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 2000 S. PATRICK DRIVE                      442 4th Avenue  
 Suite, Apt. #, etc.                              Suite, Apt. #, etc.

City & State      City & State  
 INDIAN HARBOUR BEACH FL      INDIAN HARBOUR BEACH FL

Zip      Country      Zip      Country  
 32937      USA      32903      USA

20004300



01232007      Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
 59-1585528      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOWNEY, ROBERT B  
 525 ANDROS LANE  
 INDIAN HARBOUR BEACH, FL 32937

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 reinstating)      DATE \_\_\_\_\_

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MANAGER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT B. DOWNEY		NAME		
STREET ADDRESS	525 ANDROS LANE		STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:**       1-23-2007      321-733-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #