

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049253

Entity Name: ST. PETE ENT, LLC

**FILED**  
**Feb 15, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

2299 9TH AVE. NORTH  
SUITE 3-B  
ST. PETERSBURG, FL 33713

**New Principal Place of Business:**

**Current Mailing Address:**

2299 9TH AVE. NORTH  
SUITE 3-B  
ST. PETERSBURG, FL 33713

**New Mailing Address:**

FEI Number: 20-4887855

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRIAN K. GILROY, P.A.  
5308 B GULFPORT BLVD.  
GULFPORT, FL 33707 US

**Name and Address of New Registered Agent:**

KATHY BURKE  
2299 9TH AVE. NORTH  
SUITE 3-B  
ST. PETERSBURG, FL 33713 US

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: KATHY BURKE

02/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GILROY, PATRICIA A MD  
Address: 2299 9TH AVE. NORTH  
City-St-Zip: ST. PETERSBURG, FL 33713

**ADDITIONS/CHANGES:**

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: PATRICIA GILROY

MGRM

02/15/2008

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