

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049253

Entity Name: ST. PETE ENT, LLC

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

2299 9TH AVENUE 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:**

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

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

BURKE, KATHY  
2299 9TH AVENUE 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

02/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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: KATHY BURKE

RA

02/25/2011

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