

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
Jan 04, 2007  
Secretary of State

DOCUMENT# L06000055199

Entity Name: 1215 ARLINGTON, L.L.C.

**Current Principal Place of Business:**

101 E. KENNEDY BLVD., SUITE 3020  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

101 E. KENNEDY BLVD., SUITE 3020  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 20-4887112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHECHELE, SAMANTHA  
5625 CENTRAL AVE.  
ST. PETERSBURG, FL 33710 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: MGR ( ) Delete  
Name: MURPHY, ALLEN S  
Address: 101 E. KENNEDY BLVD., SUITE 3020  
City-St-Zip: TAMPA, FL 33602

Title: MGR ( ) Delete  
Name: LAROCCA, JOHN N  
Address: 101 E. KENNEDY BLVD., SUITE 3020  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES:**

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: ALLEN S. MURPHY

MGR

01/04/2007

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