## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED Jan 08, 2007 8:00 am Secretary of State

DOCUMENT # L06000092746  1. Entity Name 6600 - 4TH STREET NORTH, L L C						01-08-2007	90208 0	08 ****3	0.00
Principal Place of Business Mailing Address									
6600 4TH ST	REET N	6600 4TH STREET N							
101	IDC EL 22702	101				•	٠		
ST PETERSBURG, FL 33702 ST PETERSBURG, FL			3102			I <b>Ba</b> is <b>a a</b> hiik <b>ba</b> in <b>ba</b> sii <b>ba</b> si			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01042007	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State			4. FEI Numb	599164		<u> </u>	plied For Applicable
Zip	Country Zip		Coun	5. Certificate of Status De				5.00 Add	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
WEBER, JAMES'C				Name					
6600 4TH STREET N			Street Address (P.O. Box Number is Not Acceptable)						
ST PETERSBURG, FL 33702									
• .,			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 Signature, typed or printed name of registered agent and title if applicable. (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 MEMBE	LRS/MANAGERS			ADDITIONS/	CHANGES			
TITLE	MGRM	☐ Delete						Change	Addition
NAME	WEBER, JAMES C		NAM	I					
STREET ADDRESS CITY-S1-ZIP				ET ADDRESS -ST-ZIP					
	MGRM Delete							☐ Change	☐ Addition
TITLE NAME	2 0000		NAM	1				☐ Change	☐ Mudition
STREET ADDRESS	7280 18TH STREET NE			ET ADORES\$					
CITY-ST-ZIP	ST PETERSBURG, FL 33702		CITY	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					l
11 Lhereby	partify that the information supplied with	this filing does not qualify fo	the exe	motions contained	1 in Chanter 110	L Florida Statutes 1 fe	urther certify	that the info	rmation
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.									