## 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000093242

Entity Name: STREETSIDE AT ZEPHYRHILLS, LLC

FILED Sep 01, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3708 WEST SWANN AVENUE 5339 GULF DRIVE

SUITE 101 HOLMES BEACH, FL 34217 US

TAMPA, FL 33609

**New Mailing Address: Current Mailing Address:** 

3708 WEST SWANN AVENUE 5339 GULF DRIVE

SUITE 101 HOLMES BEACH, FL 34217 US TAMPA, FL 33609 US

FEI Number: 20-5644705 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEARSON, EMILIA SCHLOSSBERG, BLAIR G 3708 WEST SWANN AVENUE 5339 GULF DRIVE

US SUITE 101 HOLMES BEACH, FL 34217

TAMPA, FL 33609 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: BLAIR G. SCHLOSSBERG 09/01/2008

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change ( ) Addition

LEDBETTER, LARRY J Name: LEDBETTER, LARRY J Name:

3708 WEST SWANN AVENUE, SUITE 101 Address: 32 AEGEAN Address: City-St-Zip: TAMPA, FL 33609 US City-St-Zip: TAMPA, FL 33606 US

Title: MGRM () Delete Title: () Change () Addition

DAVIDSON, DOUGLAS C Name: Name:

Address: 1132 WEST PEACHTREE STREET Address: City-St-Zip: ATLANTA, GA 30309 US City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change ( ) Addition SCHLOSSBERG, BLAIR G SCHLOSSBERG, BLAIR G Name: Name:

3708 WEST SWANN AVENUE, SUITE 101 Address: Address: 5339 GULF DRIVE

City-St-Zip: TAMPA, FL 33609 US City-St-Zip: HOLMES BEACH, FL 34217 US

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: CHRISTIANSEN, JON P Name: GILBERTSON INVESTMEN, TS, LLC

3708 WEST SWANN AVENUE, SUITE 101 Address: Address: 13050 CURLEY ROAD City-St-Zip: TAMPA, FL 33609 US City-St-Zip: DADE CITY, FL 33525 US

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: BLAIR G. SCHLOSSBERG **MGRM** 09/01/2008