

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080503

Entity Name: 5001 EAST BUSCH, LLC

FILED  
Mar 22, 2009  
Secretary of State

**Current Principal Place of Business:**

5001 EAST BUSCH BOULEVARD  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

5001 EAST BUSCH BOULEVARD  
TAMPA, FL 33617 US

**New Mailing Address:**

FEI Number: 26-0710668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHN H. RAINS III, P.A.  
501 EAST KENNEDY BOULEVARD  
SUITE 750  
TAMPA, FL 33602 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: PRES ( ) Delete  
Name: BARRIGA, JULIA B MD  
Address: 5001 EAST BUSCH BLVD  
City-St-Zip: TAMPA, FL 33617  
  
Title: MGR ( ) Delete  
Name: GRANDE, GIULIANA MANAGER  
Address: 5001 E. BUSCH BLVD  
City-St-Zip: TAMPA, FL 33617

**ADDITIONS/CHANGES:**

Title: OWNE (X) Change ( ) Addition  
Name: BARRIGA, JULIA B OWNER  
Address: 5001 EAST BUSCH BLVD  
City-St-Zip: TAMPA, FL 33617  
  
Title: COON (X) Change ( ) Addition  
Name: GRANDE, GIULIANA COOWNER  
Address: 5001 E. BUSCH BLVD  
City-St-Zip: TAMPA, FL 33617

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: GIULIANA GRANDE

COOW

03/22/2009

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