

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

S08253900033  
9/2/2008-90077-029-\$138.75-\$138.75

DOCUMENT # L07000084148

1. Entity Name  
ONE PASCO GOVERNMENT CENTER, LLC



Principal Place of Business  
8520 GOVERNMENT DRIVE, SUITE 1  
NEW PORT RICHEY, FL 34654-5511

Mailing Address  
8520 GOVERNMENT DRIVE, SUITE 1  
NEW PORT RICHEY, FL 34654-5511



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08202008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

13-4345339

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALOGIANIS, CONSTANTINE  
8520 GOVERNMENT DRIVE, SUITE 1  
NEW PORT RICHEY, FL 34654-5511

Name

Street Address (P.O. Box Number is Not Acceptable)

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

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR  
NAME KALOGIANIS, KATHY T ☐ Delete  
STREET ADDRESS 8520 GOVERNMENT DRIVE, SUITE 1  
CITY-ST-ZIP NEW PORT RICHEY, FL 346545511

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☒ Delete  
NAME PEREZ, MARITZA B  
STREET ADDRESS 8520 GOVERNMENT DRIVE, SUITE 1  
CITY-ST-ZIP NEW PORT RICHEY, FL 346545511

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME REINSTATEMENT 2008  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

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

Date

Daytime Phone #

8-20-08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 OCT - 3 A 11:29

FILED