

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90236 032 ***138.75

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| DOCUMENT # L07000095062 | |  |
| 1. Entity Name 3104 NORTHWOOD OFFICE PARK, LLC | | |

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| Principal Place of Business 3165 MCMULLEN BOOTH RD. D-1 CLEARWATER, FL 33761 | Mailing Address 3165 MCMULLEN BOOTH RD. D-1 CLEARWATER, FL 33761 |
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| 2. Principal Place of Business - No P.O. Box # 2531 LANDMARK DR Suite, Apt. #, etc. STE 201 City & State CLEARWATER FL Zip 33761 Country USA | 3. Mailing Address 2531 LANDMARK DR Suite, Apt. #, etc. STE 201 City & State CLEARWATER FL Zip 33761 Country USA |
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02152008 Chg-LLC CR2E083 (12/06)

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| 4. FEI Number 36-1276004 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MARTINO, DENNIS 3165 MCMULLEN BOOTH RD. D-1 CLEARWATER, FL 33761 | 7. Name and Address of New Registered Agent Name DENNIS MARTINO Street Address (P.O. Box Number is Not Acceptable) 2531 LANDMARK DR STE 201 City CLEARWATER FL Zip Code 33761 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CLARK, SHELDON 2849 COCO LAKES CT. NAPLES, FL 34105 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3917 WEST HORATIO ST TAMPA FL 33609 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: _____ 3-12-08 727-738-6101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

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