

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2008 8:00 am**  
**Secretary of State**

04-11-2008 90179 003 \*\*\*138.75

**DOCUMENT # L07000124582**

1. Entity Name  
**E & V ST. PETERSBURG DOWNTOWN REAL ESTATE, LLC**



Principal Place of Business

**2640 BREAKER LANE  
KISSIMMEE, FL 34746**

Mailing Address

**2640 BREAKER LANE  
KISSIMMEE, FL 34746**

00000000

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

**877 EXECUTIVE CENTER DRIVE 877 EXECUTIVE CENTER DR.**

3. Mailing Address

Suite, Apt. #, etc.

**SUITE 103**

02122008

Chg-LLC

CR2E083 (12/06)

City & State

**ST. PETERSBURG, FL.**

City & State

**ST. PETERSBURG, FL.**

4. FEI Number

**26-1589354**

Applied For

Not Applicable

Zip

**33702**

Country

**USA**

Zip

**33702**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**JORDAN-HOLMES, CLARK  
1112 E. KENNEDY BLVD.  
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

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  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MADDOCKS, KEVIN  
2640 BREAKER LANE  
KISSIMMEE, FL 34746** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MADDOCKS, SARA  
2640 BREAKER LANE  
KISSIMMEE, FL 34746** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

10. ADDITIONS/CHANGES

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MADDOCKS SARA** ☒ Change ☐ Addition

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

TITLE  
NAME  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ 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:**

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

**4/8/08**

Date

**407-744-0541**

Daytime Phone #