

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097714

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: PINELLAS AVENUE PROPERTY GROUP, L.L.C.

**Current Principal Place of Business:**

623 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34686

**New Principal Place of Business:**

**Current Mailing Address:**

623 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34686

**New Mailing Address:**

FEI Number: 26-3518076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KOUSKOUTIS, N. MICHAEL  
623 EAST TARPON AVENUE  
TARPON SPRINGS, FL 34686 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: FPK PROPERTIES, LLC,  
Address: 623 EAST TARPON AVE  
City-St-Zip: TARPON SPRINGS, FL 34686 US

Title: MGRM ( ) Change (X) Addition  
Name: WELLNESS ASSOCIATES,, LLC  
Address: 484 N HIGHLAND AVE  
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM ( ) Change (X) Addition  
Name: TRUST FOR REHABILITA, TION AND NURTU R ING  
Address: 43309 U S HIGHWAY 19 N  
City-St-Zip: TARPON SPRINGS, FL 34689 US

Title: P ( ) Change (X) Addition  
Name: COSGROVE, DEAN  
Address: 484 N HIGHLAND AVE  
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: ST ( ) Change (X) Addition  
Name: KOUSKOUTIS, N. MICHAEL  
Address: 623 E TARPON AVE  
City-St-Zip: TARPON SPRINGS, FL 34686 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: DEAN COSGROVE

P

01/20/2009

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