

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000019419

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** DISPARTI FOWKES & HASANBASIC, PLLC

**Current Principal Place of Business:**

1041 U.S. HIGHWAY 19  
HOLIDAY, FL 34691

**New Principal Place of Business:**

505 EAST JACKSON STREET  
310  
TAMPA, FL 33602

**Current Mailing Address:**

1041 U.S. HIGHWAY 19  
HOLIDAY, FL 34691

**New Mailing Address:**

**FEI Number:** 27-4983179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DISPARTI LAW GROUP, P.A.  
1041 U.S. HIGHWAY 19  
HOLIDAY, FL 34691 US

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

DISPARTI, LAWRENCE  
1041 U.S. HIGHWAY 19  
HOLIDAY, FL 34691 US

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: LAWRENCE DISPARTI

02/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DISPARTI, LAWRENCE  
Address: 1041 U.S. HIGHWAY 19  
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM  
Name: FOWKES, PAUL  
Address: 1041 U.S. HIGHWAY 19  
City-St-Zip: HOLIDAY, FL 34691

Title: MGRM  
Name: HASANBASIC, RYAN  
Address: 1041 U.S. HIGHWAY 19  
City-St-Zip: HOLIDAY, FL 34691

I hereby 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: LAWRENCE DISPARTI

MGR

02/28/2012

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