## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: Light & Walle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Jan 14, 2005 08:00 AM Secretary of State

813-221-9782 Daytime Phone #228

1. Entity Nar	MENT # L9600001313		Secretary of State
Principal Place of Business Mailing Address 777 S HAPOLRISLANDELVD, SUITE360 TAMPA, R. 33602  Mailing Address 777 S HAPOLRISLANDELVD, SUITE360 TAMPA, R. 33602			
	OO NOT WRITE IN THIS SPACE	CE	01112005No Chg-LLC CR2E083 (10/03)  4. FEI Number
WALTER, ROBERT A 777 S. HAROUR ISLAND BLVD., SUITE 360 TAMPA, FL 33602			DO NOT WRITE IN THIS SPACE
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 appricable. (NOTE. Registered Agent signature required when reinstating)  DATE  Filling Fee is \$50.00  Due by May 1, 2005  D1/14/05-80022-015 50.00			
9.	MANAGING MEMBERS/MANAGERS		01/14/05-80022-015 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR WALTER, ROBERT A 777 S. HAROUR ISLAND BLVD., SUITE 360 TAMPA, FL 33602		-
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· -		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			