

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000452

**FILED**  
**Mar 22, 2005**  
**Secretary of State**

**Entity Name:** ALTERNATIVE HOMEMAKING WITH A HEART OF TAMPA BAY, L.C.

**Current Principal Place of Business:**

8910 N. DALE MABRY, SUITE 24  
TAMPA, FL 33614

**New Principal Place of Business:**

8611 ISLAND BREEZE LANE  
TEMPLE TERRACE, FL 33637

**Current Mailing Address:**

P.O. BOX 271664  
TAMPA, FL 336881664

**New Mailing Address:**

**FEI Number:** 59-3446124      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DRUMMOND, TEMPLE H ESQ.  
1505 N. FLORIDA AVENUE  
C/O KASS SHULER SDEMEN SPECTOR  
TAMPA, FL 33602 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: KLINGMAN, PETER D  
Address: 4604 OLD SAYBROOK DR.  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KLINGMAN, PETER D  
Address: 8611 ISLAND BREEZE LANE  
City-St-Zip: TAMPA, FL 33637

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER D. KLINGMAN

MGR

03/22/2005

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