

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90049 049 \*\*\*\*\*50.00

**DOCUMENT # L98000000209**

1. Entity Name  
4301 NORTH HABANA, L.C.



Principal Place of Business  
4301 NORTH HABANA AVENUE  
TAMPA, FL 33607

Mailing Address  
4301 NORTH HABANA AVENUE  
TAMPA, FL 33607

**20028652**



04052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3499135	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BLANCO, RAFAEL W MD  
4301 N HABANA AVENUE  
SUITE 1  
TAMPA, FL 33607

**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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	BLANCO, RAFAEL W DR.
STREET ADDRESS	4301 NORTH HABANA AVENUE
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	MGRM
NAME	GEORGE, CHRISTOHER B DR.
STREET ADDRESS	4301 NORTH HABANA AVENUE
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	MGRM
NAME	LAUTERSZTAIN, JULIO DR.
STREET ADDRESS	4301 NORTH HABANA AVENUE
CITY-ST-ZIP	TAMPA, FL 33607

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

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

Date

Daytime Phone #

4/5/05 813  
875-2300