## 2007 LIMITED LIABILITY COMPANY

## Apr 11, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L98000001126** 04-11-2007 90162 017 \*\*\*\*50.00 1. Entity Name LGC, LLC Principal Place of Business Mailing Address 60035268 3203 W PARKLAND BLVD 3203 W PARKLAND BLVD **TAMPA, FL 33609 TAMPA, FL 33609** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03182007 Chg-LLC CR2E083 (12/06) City & State City & State 4 FELNumber Applied For 59-3523210 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OWNBY, TJ 3203 W PARKLAND BLVD. Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33609 City Zip Code 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. Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State 9 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MERM TITLE MGRM TITLE Addition ☐ Delete North, William squy Relican Bay Plaza South DEPURY, CHARLES B NAME NAME STREET ADDRESS 1007 SOUTH STERLING AVENUE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33629** CITY-ST-ZIP MGRM MERIN North Jobaile North Pericanta Baza 13370 TITLE Addition ☐ Delete TITLE Change DEPURY, ANNELES J NAME STREET ADDRESS 1007 SOUTH STERLING AVENUE STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33629** CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Addition OWNBY, T J NAME STREET ADORESS 3203 W. PARKLAND BLVD. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CITY-ST-ZIP TITLE **MGRM** ☐ Delete TITLE Change ■ Addition NAME OWNBY, JENIFER C NAME STREET ADDRESS 3203 W. PARKLAND BLVD. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 CRY-ST-78 TITLE MGRM ☐ Delete ☐ Change Addition FOSTER, BERNADETTE S NAME NAME STREET ADDRESS 4202 WATER OAKS LANE STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

CITY-S7-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TAMPA, FL 33618

FOSTER, JOHN P

TAMPA, FL 33618

4202 WATER OAKS LANE

**MGRM** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

☐ Delete

Change

☐ Addition

FILED