

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90017 050 \*\*\*\*50.00

**60035951**



04102006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
59-3536177

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

MARTIN III, JAMES J  
5050 WEST LEMON ST  
TAMPA, FL 33609

## 7. Name and Address of New Registered Agent

Name **JAMES J. MARTIN III**  
Street Address (P.O. Box Number is Not Acceptable)  
**5025 West Lemon Street**  
**Suite 200**  
City **Tampa, FL 33609** FL 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]* **JAMES J. MARTIN III** **4-25-06**  
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, 2006**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **TITOMAS, J. BEAN**  
STREET ADDRESS **5050 WEST LEMON ST**  
CITY-ST-ZIP **TAMPA, FL 33609**

## 10. ADDITIONS/CHANGES

☒ Change ☐ Addition  
TITLE  
NAME **THOMAS, J. BEAN**  
STREET ADDRESS **5025 West Lemon St #200**  
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: *[Signature]* **THOMAS J. BEAN** **4-25-06** **813-637-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #