

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003941

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** SECOND TAMPA BLIMPIE REALTY VENTURE, LLC

**Current Principal Place of Business:**

C/O UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD SUITE 508  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

180 INTERSTATE NORTH PARKWAY SE  
SUITE 500  
ATLANTA, GA 30339

**New Mailing Address:**

**FEI Number:** 65-0502103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD  
SUITE 508  
MIAMI, FL 33156 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: ARCHER, J A  
Address: 180 INTERSTATE NORTH PARKWAY SE, SUITE 500  
City-St-Zip: ATLANTA, GA 30339

Title: MGR ( ) Delete  
Name: LANE, BRIAN  
Address: 180 INTERSTATE NORTH PARKWAY SE, SUITE 500  
City-St-Zip: ATLANTA, GA 30339

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN LANE

MGR

04/29/2005

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