


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90031 049 \*\*\*\*50.00

<b>DOCUMENT # M04000004070</b>	
<b>1. Entity Name</b> LAD REAL ESTATE COMPANY, LLC	

<b>Principal Place of Business</b> 100 SECOND AVENUE SOUTH, SUITE 901S ST PETERSBURG, FL 33701	<b>Mailing Address</b> 100 SECOND AVENUE SOUTH, SUITE 901S ST PETERSBURG, FL 33701
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<b>2. Principal Place of Business - No P.O. Box #</b> 31 BEACH DRIVE SE Suite, Apt. #, etc.	<b>3. Mailing Address</b> 31 BEACH DRIVE SE Suite, Apt. #, etc.
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<b>City &amp; State</b> ST PETERSBURG FL	<b>City &amp; State</b> ST PETERSBURG FL
<b>Zip</b> 33701 <b>Country</b> US	<b>Zip</b> 33701 <b>Country</b> US

04112007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 20-1456523	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> WYATT, BART 100 SECOND AVENUE SOUTH, SUITE 901S ST PETERSBURG, FL 33701	<b>7. Name and Address of New Registered Agent</b> Name WYATT, BART Street Address (P.O. Box Number is Not Acceptable) 31 BEACH DRIVE SE City ST PETERSBURG FL Zip Code 33701
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**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>DATE</b>
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<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> KAROLASKI, JOYCE 100 SECOND AVENUE SOUTH, SUITE 901S ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> KAROLASKI, JOYCE 31 BEACH DRIVE SE ST PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> WYAT, BART 100 SECOND AVENUE SOUTH, SUITE 901S ST PETERSBURG, FL 33701 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> WYATT, BART 31 BEACH DRIVE SE ST PETERSBURG FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> MADONNA, HARRY D 1603 WALNUT STREET, SUITE 1000 PHILADELPHIA, PA 19103 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> 	<b>BART WYATT MGR</b>	<b>4/16/07</b>	<b>727-822-9000</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>