

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90366 022 ****50.00



DOCUMENT # L02000034132

1. Entity Name
PRINCETON SEARCH - TAMPA L.L.C.

Principal Place of Business 401 EAST JACKSON ST., STE. 1430 TAMPA, FL 33602	Mailing Address 88 ORCHARD RD 2ND FL SKILLMAN, NJ 08558
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2. Principal Place of Business - No P.O. Box # 401 East Jackson St	3. Mailing Address
Suite, Apt. #, etc. Ste 1825	Suite, Apt. #, etc.

City & State Tampa FL	City & State
Zip 33602	Country



04132007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent

**SMITH, DAN
 401 EAST JACKSON ST., STE. ~~1430~~ 1825
 TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, DAN 401 EAST JACKSON ST., STE. 1430 1825 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPEAS, DAVID 88 ORCHARD RD SKILLVAN, NJ 08558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUP SASKINS, GARY 88 ORCHARD RD SKILLVAN, NJ 08558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 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.

SIGNATURE: *Michelle Beckett CFO* **4/13/07** **908-281-6023 x206**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #