2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G53952

City-St-Zip:

DES PLAINES, IL 60018

FILED May 08, 2008 Secretary of State

Entity Name: PROSPECT OF TAMPA, LTD., CO.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
2130 S. WO DES PLAIN	DLF RD. IES, IL 60018	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2130 S. WOLF RD. 2 ND FLOOR DES PLAINES, IL 60018 US		2130 S. WOLF RD. DES PLAINES, IL 60018	2130 S. WOLF RD. DES PLAINES, IL 60018 US		
FEI Number:	36-3248021	FEI Number Applied For ()	El Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cu	rrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE, FL 32301 US					
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	
		2)(b), F.S., the corporation did not rec rust Fund Contribution ().	eive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () D STROBEL, VICKI 2130 S.WOLF RE DES PLAINES, IL	L.,).	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	V () D STROBEL, MICHA 2130 S.WOLF RE DES PLAINES, IL	AEL,).	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	TD () D LOVE, THOMAS 2130 S. WOLF RI		Title: (Name: Address:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: RENATA CETERA MGR 05/08/2008