


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000000749 1. Entity Name MAGDALENE CENTER OF TAMPA, LLC	
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Principal Place of Business 15436 N. FLORIDA AVE, STE. 101 TAMPA, FL 33617	Mailing Address 15436 N. FLORIDA AVE, STE. 101 TAMPA, FL 33617
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DO NOT WRITE IN THIS SPACE



01072004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3726433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MYERS, W. PARKINSON 15436 N. FLORIDA AVE, STE. 101 TAMPA, FL 33617	DO NOT WRITE IN THIS SPACE
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000105932
04/07/04-80046-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAGDALENE CENTER GP, LLC 15436 N. FLORIDA AVE, STE. 101 TAMPA, FL 33613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: W. Myers **April 1, 2004** **813-960-1006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #