

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003455

FILED
Apr 02, 2004
Secretary of State

Entity Name: TESARO, L.L.C.

Current Principal Place of Business:

509 E. BRANDON BLVD
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

509 E. BRANDON BLVD
BRANDON, FL 33511

New Mailing Address:

4125 4TH ST. N.
ST. PETERSBURG, FL 33703

FEI Number: 41-2027697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASSARO, MONIQUE
5106 SYLVAN OAKS DR.
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

MASSARO, MONIQUE
4019 LEVONSHIRE PL
VALRICO, FL 33594 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: MONIQUE MASSARO

04/02/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MASSARO, JAMES M
Address: 5106 SYLVAN OAKS DR.
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: MASSARO, MONIQUE
Address: 5106 SYLVAN OAKS DR.
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MASSARO, JAMES M
Address: 4019 LEVONSHIRE PL.
City-St-Zip: VALRICO, FL 33594

Title: MGRM (X) Change () Addition
Name: MASSARO, MONIQUE
Address: 4019 LEVONSHIRE PL.
City-St-Zip: VALRICO, FL 33594

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: MONIQUE MASSARO

MGRM

04/02/2004

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