

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90243 046 \*\*\*\*50.00

<b>DOCUMENT # L02000005076</b> 1. Entity Name <b>TAMPA BAY RESOURCES, LLC</b>			
Principal Place of Business <b>880 N BAY ROAD MT. DORA, FL 32757</b>		Mailing Address <b>880 N BAY ROAD MT. DORA, FL 32757</b>	
2. Principal Place of Business <b>12150 Curley Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>12150 Curley Road</b> Suite, Apt. #, etc.	
City & State <b>SAN ANTONIO, FL</b>		City & State <b>SAN ANTONIO FL</b>	
Zip <b>33576</b>	Country <b>PASCO</b>	Zip <b>33576</b>	Country <b>PASCO</b>
4. FEI Number <b>86-1068395</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KNAUST, WARREN J 2167 5TH AVE N SAINT PETERSBURG, FL 33713</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____			
<b>Filing Fee Is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>PT</b> <input checked="" type="checkbox"/> Delete	NAME <b>BRANNON, LINWOOD</b>	TITLE <b>MARK W. MACONI, mgmbr</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME <b>3111 US 19 NORTH</b>
STREET ADDRESS <b>P.O. BOX 2872</b>	CITY-ST-ZIP <b>WINDERMERE, FL 34786</b>	STREET ADDRESS <b>PALM HARBOR, FL 34684</b>	CITY-ST-ZIP <b>34684</b>
TITLE <b>VP</b> <input checked="" type="checkbox"/> Delete	NAME <b>BAZINET, RICHARD</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS <b>36409 CLEAR LAKE DRIVE</b>	CITY-ST-ZIP <b>EUSTIS, FL 32736</b>	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE <b>VP mgmbr</b> <input type="checkbox"/> Delete	NAME <b>PASHLEY, WARREN J</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS <b>34342 MISSION VALLEY</b>	CITY-ST-ZIP <b>DADE CITY, FL 33525</b>	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE <b>MGRS</b> <input checked="" type="checkbox"/> Delete	NAME <b>KNAUST, WARREN J</b>	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS <b>2167 5TH AVE. N.</b>	CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33713</b>	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
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>2-21-06</b> <b>(352) 588-4060</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	