

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012708

FILED  
Feb 26, 2008  
Secretary of State

Entity Name: NORTHWEST TAMPA ACQUISITIONS LLC

## Current Principal Place of Business:

7201 W LINEBAUGH AVE  
TAMPA, FL 33625

## New Principal Place of Business:

## Current Mailing Address:

7201 W LINEBAUGH AVE  
TAMPA, FL 33625

## New Mailing Address:

FEI Number: 03-0458501

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.  
50 NORTH LAURA STREET, SUITE 2200  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.  
50 NORTH LAURA STREET, SUITE 2200  
ATTEN: MICHAEL E. GOODBREAD JR.  
JACKSONVILLE, FL 32202 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:

02/26/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: RODRIGUEZ, FRANK  
Address: 763 BEAR CREEK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM ( ) Delete  
Name: CURRIE, WILLIAM III  
Address: 5815 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33614

Title: VP ( ) Delete  
Name: ATKINSON, CARL R  
Address: 9001 E COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32817

Title: VP ( ) Delete  
Name: BELLOMO, JENNIFER C  
Address: 5815 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33614

Title: TREA ( ) Delete  
Name: ALDEN, EDWARD M  
Address: 9001 E COLONIAL DRIVE  
City-St-Zip: ORLANDO, FL 32817

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RODRIGUEZ, FRANK J  
Address: 763 BEAR CREEK CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: EDWARD M ALDEN

TREA

02/26/2008

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