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**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000018043

1. Entry Name
VERSAGGI FAMILY MANAGEMENT, LLC

Principal Place of Business
 1301 SOUTH HOWARD AVENUE
 TAMPA, FL 33606

Mailing Address
 1301 SOUTH HOWARD AVENUE
 TAMPA, FL 33606

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

A. FEI Number
27-0023613

B. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
JEFFRIES, DAVID M
 101 EAST KENNEDY BOULEVARD, SUITE 1030
 TAMPA, FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entry 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
Signature, typed or printed name of registered agent and date of registration DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGR NAME: Russell S. Versaggi STREET ADDRESS: 1301 S. Howard Ave. CITY-ST-ZIP: Tampa, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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 906, Florida Statutes.

SIGNATURE: *Russell Versaggi, Trustee*
Russell S. Versaggi, Manager

SIGNATURE AND TITLE OR PRINTED NAME OF BOBBING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Capacity