

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90067 032 *****50.00

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1. Entity Name
TAMPA MANAGEMENT GROUP, L.L.C.



Principal Place of Business
15701 MIFFLIN CT.
TAMPA, FL 33647

Mailing Address
15701 MIFFLIN CT.
TAMPA, FL 33647

24060569



2. Principal Place of Business
6603 Stonington Dr. N
Suite, Apt. #, etc.

3. Mailing Address
6603 Stonington Dr. N
Suite, Apt. #, etc.

04272004 Chg-LLC CR2E083 (10/03)

City & State
Tampa, FL
Zip
33647- Country

City & State
Tampa, FL
Zip
33647- Country

4. FEI Number
02-0695621

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ADLER LAW FIRM, P.A.
C/O ANDREW L. ADLER, ESQ
8909 REGENTS PARK DR, STE 420
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name
William G. Koerber, III

Street Address (P.O. Box Number is Not Acceptable)

6603 Stonington Drive N.

City Tampa FL Zip Code 33647

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 *W.A. Koerber* W.G. KOERBER MGRM 4/28/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME KOERBER, WILLIAM G III
STREET ADDRESS 15701 MIFFLIN CT.
CITY-ST-ZIP TAMPA, FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Koerber, William G III ☒ Change ☐ Addition
STREET ADDRESS 6603 Stonington Drive N.
CITY-ST-ZIP Tampa, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.A. Koerber* W.G. KOERBER 4/28/04 813-866-0260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #