

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000022295

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



Principal Place of Business

**6603 STONINGTON DR. N.
TAMPA, FL 33647**

Mailing Address

**6603 STONINGTON DR. N.
TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE



01222005No Chg-LLC

CR2E083 (10/03)

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

**KOERBER, WILLIAM G III
6603 STONINGTON DRIVE N.
TAMPA, FL 33647**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KOERBER, WILLIAM G III
STREET ADDRESS	6603 STONINGTON DRIVE N.
CITY-ST-ZIP	TAMPA, FL 33647

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01/28/05-80093-019 50.00

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IN THIS SPACE**

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. G. Koerber* **W. G. KOERBER** *1/25/05* **813-598-1684**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #