

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000046692**

**1. Entity Name**

TAMPA BAY ACQUISITIONS, LLC



**Principal Place of Business**

1 PROGRESS PLAZA, STE. 1210  
ST. PETERSBURG FL 33731

**Mailing Address**

2248 MERIDIAN BLVD. SUITE H  
MINDEN NV 89423



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

20-0428842

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

2nd MOORE

CR2E083 (4/06)

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

MALLER, KAREN  
1 PROGRESS PLAZA, STE. 1210  
ST. PETERSBURG FL 33731

Name

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

City

FL

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 6, 2006**

**9. MANAGING MEMBERS / MANAGERS**

**10. ADDITIONS / CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
MORALES, CHRIS  
6511 HANNUM  
CULVER CITY CA 90230 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
U000000572876  
08/01/06-80003-013 50.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
ANASTAS, JEFF  
1 PROGRESS PLAZA, STE. 1210  
ST. PETERSBURG FL 33731 ☐ Delete

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

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**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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #