

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009173

FILED
Apr 13, 2005
Secretary of State

Entity Name: NEW TAMPA PROFESSIONALS, LLC

Current Principal Place of Business:

18312 BANKSTON PLACE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

18312 BANKSTON PLACE
TAMPA, FL 33647

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUARDT, MATTHEW
625 COURT STREET, SUITE 200
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

AINPUDI, RAVIKIRON
18312 BANKSTON PLACE
TAMPA, FL 33647 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: RAVIKIRON AINPUDI

04/13/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: AINPUDI, RAVIKIRON
Address: 18312 BANKSTON PLACE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: AINPUDI, NEERAJA J
Address: 18312 BANKSTON PLACE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: NOMULA, JEEVAN
Address: 8317 GOLDEN PRAIRIE ROAD
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: NOMULA, SUVARNA
Address: 8317 GOLDEN PRAIRIE ROAD
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

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 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 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: RAVIKIRON AINPUDI

MGRM

04/13/2005

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