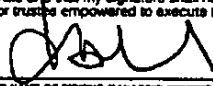


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

03-04-2005 90016 022 ****50.00

DOCUMENT # L04000016751					
1. Entity Name MANAGERASSISTANT.COM, LLC					
Principal Place of Business 15310 AMBERLY DR SUITE 250 TAMPA, FL 33647			Mailing Address 15310 AMBERLY DR SUITE 250 TAMPA, FL 33647		
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 20-0836931	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RODRIGUEZ, JORGE A			Name		
15310 AMBERLY DRIVE, SUITE 250 TAMPA, FL 33647			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 reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	President	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Jorge Rodriguez		NAME		
STREET ADDRESS	13502 Club Side Drive		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33624		CITY-ST-ZIP		
TITLE	General Manager	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Eric D. Frazier		NAME		
STREET ADDRESS	5124 Sterling Manor Drive		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33647		CITY-ST-ZIP		
TITLE	Investor	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	Russell D. Hobbs III		NAME		
STREET ADDRESS	6401 MacLaurin Drive		STREET ADDRESS		
CITY-ST-ZIP	Tampa, FL 33647		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: 			3/1/05 817 264 1100		
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone					