

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000037037

1. Entity Name

TAMPA INVESTMENT PARTNERS, L.L.C.



Principal Place of Business

7031 BENJAMIN ROAD, STE. G
TAMPA FL 33634

Mailing Address

7031 BENJAMIN ROAD, STE. G
TAMPA FL 33634



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

51-0508791

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAMARGO, TED R
401 EAST JACKSON STREET, STE. 2400
TAMPA FL 33602

7. Name and Address of New Registered Agent

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 May 1, 2006

1000000404485
02/07/06-80001-023 50.00

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME HARB, BERSHARA
STREET ADDRESS 7031 BENJAMIN ROAD SUITE G
CITY- ST- ZIP TAMPA FL 33634

TITLE MGR ☐ Delete
NAME ISHAK, SALAM G
STREET ADDRESS 5701 MARINER STREET SUITE 302
CITY- ST- ZIP TAMPA FL 33609

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS / CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 606, Florida Statutes.

SIGNATURE:

[Signature]

1/25/06 813-884-2636