
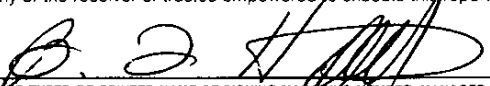


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90210 009 ****50.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 51-0508791	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TAMARGO, TED R 401 EAST JACKSON STREE, STE. 2400 TAMPA, FL 33602			Name TAMARGO, TED R Street Address (P.O. Box Number is Not Acceptable) FOWLER, WHITE, BOGGS BANKER P.A. 501 E. KENNEDY BLVD. SUITE # 1700 City TAMPA		
FL			Zip Code 33602		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARB, BERSHARA 7031 BENJAMIN ROAD SUITE G TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ISHAK, SALAM G 5701 MARINER STREET SUITE 302 TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	---	<input type="checkbox"/> Delete			
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:  3/9/07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					



03052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
51-0508791

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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

Name
TAMARGO, TED R
Street Address (P.O. Box Number is Not Acceptable)
FOWLER, WHITE, BOGGS BANKER P.A.
501 E. KENNEDY BLVD. SUITE # 1700
City
TAMPA FL Zip Code
33602

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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CITY-ST-ZIP

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HARB, BERSHARA
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TAMPA, FL 33634

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
ISHAK, SALAM G
5701 MARINER STREET SUITE 302
TAMPA, FL 33609

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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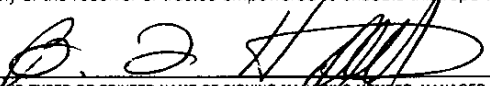
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SIGNATURE:  **3/9/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____