


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90036 037 \*\*\*\*50.00

DOCUMENT # L04000037411		
1. Entity Name TAMPA STRAWMAN ONE, L.L.C.		

Principal Place of Business 720 132ND ST. CIRCLE NE BRADENTON, FL 34202	Mailing Address 720 132ND ST. CIRCLE NE BRADENTON, FL 34202
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2. Principal Place of Business - No P.O. Box # 6522 Gunn Highway Suite, Apt. #, etc.	3. Mailing Address 6522 Gunn Highway Suite, Apt. #, etc.
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City & State Tampa, FL Zip 33625 Country USA	City & State Tampa, FL Zip 33625 Country USA
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6. Name and Address of Current Registered Agent COMPTON, JOHN M 1819 MAIN STREET, STE. 610 SARASOTA, FL 34236	
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60040214



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1900001	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name Sara K. Flint Street Address (P.O. Box Number is Not Acceptable) 6522 Gunn Highway City Tampa FL Zip Code 33625	
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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 Sara K. Flint	DATE 4-13-07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RUSHNELL, DEVON S 720 132ND ST. CIRCLE NE BRADENTON, FL 34202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUEHLER, JOHN 2126 CARROLL LANDING DRIVE TAMPA, FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]	DATE 4-13-07