2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041820

Entity Name: TAMPA GROUP, LLC

RILEY, COLLEEN

2766 POINT COVE ROAD

BLOOMINGTON, IN 47401

Name:

Address:

City-St-Zip:

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 17712 SHANNON OAKS COURT TAMPA, FL 33647 **Current Mailing Address: New Mailing Address:** 17712 SHANNON OAKS COURT TAMPA, FL 33647 FEI Number: 59-2766219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHECHT, NEIL S 360 WEST KENNEDY BLVD. TAMPA, FL 33609 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CELEIRO, ARMANDO Name: Name: 2424 W. TAMPA BAY BLVD., #L302 Address: Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CELEIRO, IRAIDA Name: Address: 2424 W. TAMPA BAY BLVD., #L302 Address: City-St-Zip: TAMPA, FL 33607 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition O'CONNNELL, JEROME D Name: Name: Address: 17712 SHANNON OAKS COURT Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition O'CONNNELL, IRENE E Name: Name: 17712 SHANNON OAKS COURT Address: Address: City-St-Zip: TAMPA, FL 33647 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

SIGNATURE: JERRY O'CONNELL MR. 04/06/2006