

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000041820

Entity Name: TAMPA GROUP, LLC

FILED  
Jul 02, 2007  
Secretary of State

**Current Principal Place of Business:**

17712 SHANNON OAKS COURT  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

17712 SHANNON OAKS COURT  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number: 59-2766219      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SCHECHT, NEIL S  
360 WEST KENNEDY BLVD.  
TAMPA, FL 33609      US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM      ( ) Delete  
Name: CELEIRO, ARMANDO  
Address: 2424 W. TAMPA BAY BLVD., #L302  
City-St-Zip: TAMPA, FL 33607

Title: MGRM      ( ) Delete  
Name: CELEIRO, IRAIDA  
Address: 2424 W. TAMPA BAY BLVD., #L302  
City-St-Zip: TAMPA, FL 33607

Title: MGRM      ( ) Delete  
Name: O'CONNELL, JEROME D  
Address: 17712 SHANNON OAKS COURT  
City-St-Zip: TAMPA, FL 33647

Title: MGRM      ( ) Delete  
Name: O'CONNELL, IRENE E  
Address: 17712 SHANNON OAKS COURT  
City-St-Zip: TAMPA, FL 33647

Title: MGRM      ( ) Delete  
Name: RILEY, COLLEEN  
Address: 2766 POINT COVE ROAD  
City-St-Zip: BLOOMINGTON, IN 47401

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change ( ) Addition  
Name: CELEIRO, ARMANDO  
Address: 525 SOUTH 58TH ST  
City-St-Zip: TAMPA, FL 33619

Title: MGRM      (X) Change ( ) Addition  
Name: CELEIRO, IRAIDA  
Address: 525 SOUTH 58TH ST.  
City-St-Zip: TAMPA, FL 33619

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      (X) Change ( ) Addition  
Name: RILEY, COLLEEN  
Address: 1944 CAMELLIA OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JEROME DEAN O'CONNELL

MR.

07/02/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date