

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000042086

**FILED**  
**Jan 31, 2010**  
**Secretary of State**

**Entity Name:** TAMPA HOME OPTIONS, LLC

**Current Principal Place of Business:**

2101 CHESTNUT FOREST DRIVE  
TAMPA, FL 33618

**New Principal Place of Business:**

2101 CHESTNUT FOREST DRIVE  
TAMPA, FL 33618 US

**Current Mailing Address:**

2101 CHESTNUT FOREST DRIVE  
TAMPA, FL 33618

**New Mailing Address:**

2101 CHESTNUT FOREST DRIVE  
TAMPA, FL 33618 US

**FEI Number:** 51-0531926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VILJOEN, GARY M  
2101 CHESTNUT FOREST DRIVE  
TAMPA, FL 33618 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: D  
Name: VILJOEN, GARY M  
Address: 2101 CHESTNUT FOREST DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: DCEO  
Name: VILJOEN, JENNIFER M  
Address: 2101 CHESTNUT FOREST DRIVE  
City-St-Zip: TAMPA, FL 33618

Title: S  
Name: VILJOEN, GARY M  
Address: 2101 CHESTNUT FOREST DRIVE  
City-St-Zip: TAMPA, FL 33618

I hereby 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:** GARY VILJOEN

BOD

01/31/2010

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