# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 14, 2008**
**Secretary of State**

DOCUMENT# L04000049817

**Entity Name:** HOME SHOPPES OF TAMPA BAY, LLC

**Current Principal Place of Business:**

14212 N. NEBRASKA AVE
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

14212 N. NEBRASKA AVE
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number: 20-1319745** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BONANNO, ROBERT H
16017 N. FLORIDA AVENUE
SUITE # 101
LUTZ, FL 33549 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: SUNCOAST ROOFERS SUP, PLY, INC.
Address: 501 N. REO STREET
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete
Name: LIGHTNING CITY GYMNA, STICS
Address: 14214 N. NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete
Name: WHEELOCK FAMILY LIMI, TED PARTNERSHI P
Address: P.O. BOX 1925
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM ( ) Delete
Name: PAUL MITCHELL, THE S, CHOOL
Address: 1271 SEMORAN BLVD.
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete
Name: M.V.B. GROUP, INC.,
Address: 2600 30TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: SUNCOAST ROOFERS SUP, PLY, INC.
Address: 14212 N. NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33613

Title: MGRM (X) Change ( ) Addition
Name: LIGHTNING CITY GYMNA, STICS
Address: 14214 N. NEBRASKA AVENUE
City-St-Zip: TAMPA, FL 33613

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

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

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

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: SONJA BONANNO MGR 01/14/2008

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