

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049817

FILED
Feb 24, 2009
Secretary of State

Entity Name: HOME SHOPPES OF TAMPA BAY, LLC

Current Principal Place of Business:

16017 N FLORIDA AVE, STE 101
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

16017 N FLORIDA AVE, STE 101
LUTZ, FL 33549

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:

BONANNO, ROBERT H ESQ
16017 N. FLORIDA AVENUE
SUITE # 101
LUTZ, FL 33549 US

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: ROBERT H. BONANNO

02/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

Title: MGRM () Delete
Name: PAUL MITCHELL, THE S, CHOOOL
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

02/24/2009

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