## 2006 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT**

DOCUMENT # L04000076168

t. Entity Name
TAMPABAY360.COM, LLC



**FILED** Feb 28, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

914 E DOUGLAS

WICHITA, KS 67202 US

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WICHITA, KS 67202 US



01262006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1890274

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE	
8. The above the obligat	named entity submits this statement for the purpose of cha- ions of registered agent.	} aging its registered office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2006		U00000451619 03/10/06-80062-002 50.00	
9.	MANAGING MEMBERS/MANAGERS			
Tiyle Name – Street address City-St-Zip	MGR MOCK, JAMES A 914 E DOUGLAS WICHITA, KS 87202			
TITLE NAME STREET ADDRESS CNTY-ST-ZIP				
TITLE NAME STREET ADDRESS GITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CXTY-ST-ZIP		IN	THIS SPACE	
TISLE				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP

AND TYPEO OR FRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

JAMES MOCK