2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L05000013605

Entity Name: NEW TAMPA LLC

Current Principal Place of Business:

16222 VILLARREAL-DE-AVILA
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

16222 VILLARREAL-DE-AVILA
TAMPA, FL 33613

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAMAT, CHARUSHEELA
16222 VILLARREAL-DE-AVILA
TAMPA, FL 33613 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:	KAMAT, CHARUSHEELA	
Address:	16222 VILLARREAL-DE-AVILA	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGRM	( ) Delete
Name:	KAMAT, SHRINATH S	
Address:	16222 VILLARREAL-DE-AVILA	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGRM	( ) Delete
Name:	KAMAT, AMIT	
Address:	16222 VILLARREAL-DE-AVILA	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGRM	( ) Delete
Name:	KAMAT, LEENA	
Address:	16222 VILLARREAL-DE-AVILA	
City-St-Zip:	TAMPA, FL 33613	
Title:	MGRM	( ) Delete
Name:	KAMAT, DARSHAN	
Address:	16222 VILLARREAL-DE-AVILA	
City-St-Zip:	TAMPA, FL 33613	

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: CHARUSHEELA KAMAT MGRM 04/30/2009

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