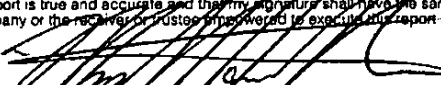


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-06-2006 90298 014 ****50.00

DOCUMENT # L05000019908 1. Entity Name TAMPA BAY GHOST TOURS L.L.C.					
Principal Place of Business 150 JOHNS PASS BOARDWALK MADEIRA BEACH, FL 33708			Mailing Address 150 JOHNS PASS BOARDWALK MADEIRA BEACH, FL 33708		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		4. FEI Number 02082008 Chg-LLC CR2E083 (11/05)			
5. Certificate of Status Desired ☐				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent HUBBARD, MARK F 150 JOHNS PASS BOARDWALK MADEIRA BEACH, FL 33708				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HUBBARD, MARK 931 79TH ST. S ST. PETE, FL 33707	☐ Delete	10. ADDITIONS/CHANGES	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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 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: 			Date: 3/28/06 227 398 1947		