## LIMITED LIABILITY COMPANY ANNUAL REPORT

## SCUMENT # 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

## FILED Mar 27, 2007 8:00 am Secretary of State

03-27-2007 90204 007 \*\*\*\*50.00

00029794



03062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	 Applied For Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

HUBBARD, MARK F 150 JOHNS PASS BOARDWALK MADEIRA BEACH, FL 33708

## DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>				
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi	ling Fee is \$50.00 ue by May 1, 2007			
9.	. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HUBBARD, MARK 931 79TH ST. S. ST. PETE, FL 33707			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s billity company or the receiver or trustee empowered to exe	qualify for the exemptions contained in Chapter 119, Florida St hall have the same legal effect as if made under oath; that I ar cute this report as required by Chapter 608, Florida Statutes.	atutes. I further certify that the information in a managing member or manager of the	