2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000019908

1. Entity Name
TAMPA BAY GHOST TOURS L.L.C.

Principal Place of Business	Mailing Address
150 JOHNS PASS BOARDWALK MADEIRA BEACH, FL 33708	150 JOHNS PASS BOARDWALK MADEIRA BEACH, FL 33708

DO NOT WRITE IN THIS SPACE

07112008No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

000000955935
07/22/08-80012-021 138.75

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HUBBARD, MARK
STREET ADDRESS	931 79TH ST. S
CITY-ST-ZIP	ST. PETE, FL 33707

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #