

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024088

FILED
Apr 14, 2009
Secretary of State

Entity Name: TAMPA BAY VENTURES, LLC

Current Principal Place of Business:

3405 SYLVAN SHADOW ST
VALRICO, FL 33594

New Principal Place of Business:

3405 SYLVAN SHADOW ST
VALRICO, FL 33596

Current Mailing Address:

3405 SYLVAN SHADOW ST
VALRICO, FL 33594

New Mailing Address:

3405 SYLVAN SHADOW ST
VALRICO, FL 33596

FEI Number: 20-2573007

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHABOUR, MOHAMED S
3405 SYLVAN SHADOW ST
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

GHABOUR, MOHAMED S
3405 SYLVAN SHADOW ST
VALRICO, FL 33596 US

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: MOHAMED GHABOUR

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GHABOUR, MOHAMED
Address: 3405 SYLVAN SHADOW ST
City-St-Zip: VALRICO, FL 33594

Title: MGRM () Delete
Name: HAMOUI, MOHAMED
Address: 3405 SYLVAN SHADOW ST
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GHABOUR, MOHAMED
Address: 3405 SYLVAN SHADOW ST
City-St-Zip: VALRICO, FL 33596

Title: MGRM (X) Change () Addition
Name: HAMOUI, MOHAMED
Address: 4571 LAKE IN THE WOODS DR
City-St-Zip: SPRING HILL, FL 34607

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: MOHAMED GHABOUR

MD

04/14/2009

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