

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000047702

1. Entity Name
INTOWN GROUP MANAGEMENT, LLC



FILED
06 MAY 15 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
101 S. FRNAKLIN STREET
SUITE 101
TAMPA, FL 33602

Mailing Address
101 S. FRNAKLIN STREET
SUITE 101
TAMPA, FL 33602



2. Principal Place of Business
101 S. FRANKLIN STREET
SUITE 101
TAMPA, FL
33602 HILLSBOROUGH

3. Mailing Address
101 S. FRANKLIN STREET
SUITE 101
TAMPA, FL
33602 HILLSBOROUGH

04132006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2852385

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

6. Name and Address of Current Registered Agent
GARDNER, J. STEPHEN
101 S. FRNAKLIN STREET
SUITE 101
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name: J. STEPHEN GARDNER
Street Address (P.O. Box Number is Not Acceptable): 101 S. FRANKLIN STREET
SUITE 101
City: TAMPA FL Zip Code: 33602

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: *J. Stephen Gardner* DATE: 4/26/06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MANAGER GREGORY J. MINDER 601 N. ASHLEY, SUITE 601 TAMPA, FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		400075546744 05/31/06--01010--012 **822.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *J. Stephen Gardner, attorney* DATE: 4/26/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE