

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052741

**FILED**  
**Feb 08, 2006**  
**Secretary of State**

**Entity Name:** NEXUS TAMPA REAL ESTATE GROUP, LLC

**Current Principal Place of Business:**

8823 CITRUS VILLAGE DRIVE  
206  
TAMPA, FL 33626

**New Principal Place of Business:**

1311 N WEST SHORE BLVD.  
SUITE 302  
TAMPA, FL 33607

**Current Mailing Address:**

8823 CITRUS VILLAGE DRIVE  
206  
TAMPA, FL 33626

**New Mailing Address:**

1311 N. WEST SHORE BLVD.  
SUITE 302  
TAMPA, FL 33607

**FEI Number:** 20-2908270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CASTILLO, ENRIQUE  
8823 CITRUS VILLAGE DRIVE  
206  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

CASTILLO, ENRIQUE  
11240 MADISON PARK DR.  
TAMPA, FL 33625 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: ENRIQUE CASTILLO

02/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CASTILLO, ENRIQUE  
Address: 8823 CITRUS VILLAGE DRIVE, #206  
City-St-Zip: TAMPA, FL 33626

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: CASTILLO, ENRIQUE  
Address: 11240 MADISON PARK DR.  
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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: ENRIQUE CASTILLO

MGR

02/08/2006

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