## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 15, 2008 8:00 am Secretary of State

DOCUMENT # L05000069290  1. Entity Name G3 TAMPA LLC					04-15-2008 90099 032 ***138.		3.75		
Principal Place of Business 5115 JOANNE KEARNEY BLVD		Mailing Address 5115 JOANNE KEARNEY BLVD				500	0284	3	
TAMPA, FL 3	3619	TAMPA, FL 33619			 	ICIA) CIIM BAIM AAIN AAI	1 BOND ONID (S)ID		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008	Chg-LLC	CR2E083	3 (12/06)		
City & State		City & State		4. FEI Numbe 20-3143			<u> </u>	olied For Applicable	
Zip	Country	Country Zip Cou		try	<b>1</b>	of Status Desired		5.00 Addi	tional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R		<u> </u>	
				Name					
REED, JAMES M 5115 JOANNE KEARNEY BLVD TAMPA, FL 33619				Street Address (P.O. Box Number is Not Acceptable)					
	•			City			FL	Zip Code	
	named entity submits this statement fi ions of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or bot	h, in the State of Fic	orida. I am fa	miliar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	E: Registered	d Agent signature require	d when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check pa 2 Departme		1
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
9. TITLE	MANAGING MEMB	ERS/MANAGERS Delete	10.			ADDITIONS		Change	Addition
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I neredy certify that the information supplied with this liting does not quality for the exemptions contained in Chapter 119, Florida Statutes. Fruither 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/08

(813) 435-7777

Daytime Phone #