
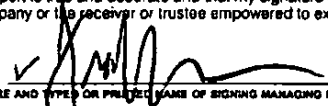
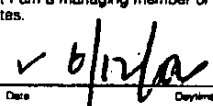


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 31, 2006 8:00 am**  
**Secretary of State**

06-22-2006 90196 014 \*\*\*\*50.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L05000103060</b>   |  |  |   |         |  |
| 1. Entity Name<br>TAMPA BAY LAUNDRY HOLDINGS, LLC  |  |  |   |  |  |
| Principal Place of Business<br>3608 NORTH 34TH STREET<br>TAMPA, FL 33605   |  |  | Mailing Address<br>POST OFFICE BOX 75175<br>TAMPA, FL 33619                                 |  |  |
| 2. Principal Place of Business   |  |  | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |  |  | Suite, Apt. #, etc.   |  |  |
| City & State   |  |  | City & State  |  |  |
| Zip  | Country  | Zip  | Country   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |  |  |   | 7. Name and Address of New Registered Agent  |  |
| GIARDINA, FRANK<br>3608 NORTH 34TH STREET<br>TAMPA, FL 33605   |  |  |   | Name   |  |
|  |  |  |   | Street Address (P.O. Box Number is Not Acceptable)                                       |  |
|  |  |  |   | City   |  |
|  |  |  |   | FL Zip Code  |  |
| 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 _____ (NOTE: Registered Agent signature required when relinquishing)   |  |  |   |  |  |
| Filing Fee is \$50.00<br>Due by September 8, 2006  |  | Make check payable to<br>Florida Department of State |   |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |  | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GIARDINA, FRANK<br>3608 NORTH 34TH STREET<br>TAMPA, FL 33605   | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>GIARDINA, TERRI L<br>3608 NORTH 34TH STREET<br>TAMPA, FL 33605 | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete                      | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |  |  | Date:  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date Daytime Phone #  |  |  |

30012358



05182006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3830841 Applied For Not Applicable