



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000119633 1. Entity Name THOMAS & LOCICERO PL	
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Principal Place of Business 100 WEST KENNEDY BLVD., SUITE 500 TAMPA, FL 33602 US	Mailing Address 100 WEST KENNEDY BLVD., SUITE 500 TAMPA, FL 33602 US
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DO NOT WRITE IN THIS SPACE



03232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3966788	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

LAKE, JAMES B
100 WEST KENNEDY BLVD., SUITE 500
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) _____ DATE _____

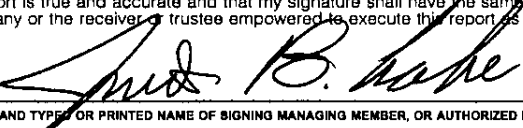
**Filing Fee is \$50.00
Due by May 1, 2007**

U000000632877
04/16/07-80017-017 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, GREGG D 100 WEST KENNEDY BLVD., SUITE 500 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAKE, JAMES B 100 WEST KENNEDY BLVD., SUITE 500 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCICERO, CAROL J 100 WEST KENNEDY BLVD., SUITE 500 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNCH, SUSAN T 100 WEST KENNEDY BLVD., SUITE 500 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGUIRE, JAMES J 100 WEST KENNEDY BLVD., SUITE 500 TAMPA, FL 336025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUGATE, RACHEL E 100 WEST KENNEDY BLVD., SUITE 500 TAMPA, FL 33602

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IN THIS SPACE**

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:  **3 April 07 813-984-3060**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #