


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90068 007 ***138.75

DOCUMENT # L05000119633 1. Entity Name THOMAS & LOCICERO PL					
Principal Place of Business 400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602 US			Mailing Address 400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3966788	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAKE, JAMES B 100 WEST KENNEDY BLVD., SUITE 600 <i>400 N. Ashley Drive, Ste 1100</i> TAMPA, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, GREGG D 400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Deanna K. Skulman 400 N. Ashley Drive Ste 1100 Tampa FL 33602	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAKE, JAMES B 400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCICERO, CAROL J 400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUNCH, SUSAN T 400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCGUIRE, JAMES J 400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUGATE, RACHEL E 400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602		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: <i>Colin H. Coffey</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
				Date _____ Daytime Phone # _____	