2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

400 N. ASHLEY DR., SUITE 1100

400 N. ASHLEY DR., SUITE 1100

400 N. ASHLEY DR., SUITE 1100

TAMPA, FL 33602

MCGUIRE, JAMES J

TAMPA, FL 33602

FUGATE, RACHEL E

TAMPA, FL 33602

MGRM

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

☐ Change

☐ Addition

DOCUMENT # L05000119633 1. Entity Name THOMAS & LOCICERO PL						·.	02-21-2008 9	0068 007	***138	.75
Principal Place of Business Mailing Address						į				
400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602 US 400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602 US TAMPA, FL 33602 US					;) 	EBIRI BINK BENK KANK EBIK	EI IIBEI IIBIB ITII	 112 20 (1500 (11	Tr i (11 - 12 11)
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02152008	Chg-LLC	CR2E08	3 (12/06)	
City & State		City & State					7 6788	Applied For Not Applicab		·
Zip	Country	Zip	Count	try		5. Certificate	of Status Desired		5.00 Add ee Require	
	6. Name and Address of Current F	legistered Agent				7. Name and	Address of New R	egistered A	gent	
				Name				-		
LAKE, JAMES B 100 WEST KENNEDY BLVD., SUITE 500 400 N. ASKley TAMPA, FL 33602 Drive, Ste 1100					ddress (I	(P.O. Box Number is Not Acceptable)				
Drive, Ste 1100										
				City				FL	Zip Cod)
The above named entity submits this statement for the purpose of changing its registered office or registered at the obligations of registered agent.							h, in the State of Flo	orida. I am fa	ımiliar with,	and accept
SIGNATURE	"Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered	d Agent signatu	ore required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							Florida	e check pa Departme	nt of State	
9.	MANAGING MEMBER	S/MANAGERS	10.				ADDITIONS/			, , , , , , , , , , , , , , , , , , , ,
TITLE	MGRM	☐ Detete	TITLE	1	MG	RM			☐ Change	Addition
NAME	THOMAS, GREGG D		NAME	J	De	anna K	. Shullm	an .		. •
STREET ADDRESS CITY-ST-ZIP	400 N. ASHLEY DR., SUITE 1100 TAMPA, FL 33602			ET ADDRESS -ST-ZIP	400	> H. Ash	Ley Priv	ie St	21/0	2
	MGRM				Tar	rpa F	<u> </u>	602		
TITLE NAME	LAKE, JAMES B	☐ Detete	TITLE	1					☐ Change	☐ Addition
STREET ADDRESS	400 N. ASHLEY DR., SUITE 1100			ET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33602			-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE	:					Change	Addition
NAME	LOCICERO, CAROL J		NAME	ł					- 0-	-
STREET ADDRESS	400 N. ASHLEY DR., SUITE 1100		STREE	ET ADDRESS						
CITY-ST-ZIP	TAMPA, FL 33602		CITY-	·ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE						☐ Change	☐ Addition
NAME	BUNCH SUSAN T		NAME	:						

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

☐ Delete

Delete

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGAGMEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daylitic Phone #