2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L05000119633

Entity Name: THOMAS, LOCICERO & BRALOW PL

Current Principal Place of Business:

400 N. ASHLEY DR., SUITE 1100
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

400 N. ASHLEY DR., SUITE 1100
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 20-3966788 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAKE, JAMES B
400 N ASHLEY DR STE 1100
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	THOMAS, GREGG D	
Address:	400 N. ASHLEY DR., SUITE 1100	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	MGRM	( ) Delete
Name:	LAKE, JAMES B	
Address:	400 N. ASHLEY DR., SUITE 1100	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	MGRM	( ) Delete
Name:	LOCICERO, CAROL J	
Address:	400 N. ASHLEY DR., SUITE 1100	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	MGRM	( ) Delete
Name:	BUNCH, SUSAN T	
Address:	400 N. ASHLEY DR., SUITE 1100	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	MGRM	( ) Delete
Name:	MCGUIRE, JAMES J	
Address:	400 N. ASHLEY DR., SUITE 1100	
City-St-Zip:	TAMPA, FL 33602 US	
Title:	MGRM	( ) Delete
Name:	FUGATE, RACHEL E	
Address:	400 N. ASHLEY DR., SUITE 1100	
City-St-Zip:	TAMPA, FL 33602 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	BRALOW, DAVID S	
Address:	400 N. ASHLEY DR., SUITE 1100	
City-St-Zip:	TAMPA, FL 33602 US	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CORINNE CAPPS ADM 04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date