

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119633

FILED
Feb 16, 2010
Secretary of State

Entity Name: THOMAS & LOCICERO 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
Name: THOMAS, GREGG D
Address: 400 N. ASHLEY DR., SUITE 1100
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM
Name: LAKE, JAMES B
Address: 400 N. ASHLEY DR., SUITE 1100
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM
Name: LOCICERO, CAROL J
Address: 400 N. ASHLEY DR., SUITE 1100
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM
Name: BUNCH, SUSAN T
Address: 400 N. ASHLEY DR., SUITE 1100
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM
Name: MCGUIRE, JAMES J
Address: 400 N. ASHLEY DR., SUITE 1100
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM
Name: FUGATE, RACHEL E
Address: 400 N. ASHLEY DR., SUITE 1100
City-St-Zip: TAMPA, FL 33602 US

I hereby 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 H. CAPPS

ADM

02/16/2010

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