

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 SEP -5 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000123351	
1. Entity Name TAMPA BAY DELIVERY SYSTEMS, LLC	



Principal Place of Business 3935 W CYPRESS STREET TAMPA, FL 33607	Mailing Address 3935 W CYPRESS STREET TAMPA, FL 33607
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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



07032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4012339	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHIFINO, WILLIAM J SR ONE TAMPA CITY CENTER STE 2600 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: LYNDSEY HEWITT Street Address (P.O. Box Number is Not Acceptable): FREEDMAN'S OFFICE FURNITURE 3935 W CYPRESS ST City: TAMPA FL Zip Code: 33607	
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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: <i>Lyndsey Hewitt</i> Signature, typed or printed name of registered agent and title if applicable.	DATE: 7/3/07 (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREEDMAN, STEVEN 3935 W CYPRESS ST TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400109184794 09/07/07--01017--005 **350.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date: 8/3/07 Daytime Phone #: 813 875 7775
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