

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000034743

FILED
Dec 11, 2008
Secretary of State

Entity Name: THE JUNCTION, LLC

Current Principal Place of Business:

4004 S. MACDILL AVENUE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

4004 S. MACDILL AVENUE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 26-3853689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEYER, DAVID A
C/O DLA PIPER US LLP
100 NORTH TAMPA STREET, SUITE 2200
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: MGR () Delete
Name: HOFFMAN, MATTHEW P
Address: 4004 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611

Title: MGRM () Delete
Name: REISKE, STEVEN R
Address: 4004 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GEBHARDT, JEFF
Address: 4004 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: DAVID, LISA
Address: 4004 S. MACDILL AVENUE
City-St-Zip: TAMPA, FL 33611

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: STEVEN R REISKE

MGRM

12/11/2008

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