

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045253

Entity Name: TAMARA REALTY LLC

FILED  
Feb 14, 2007  
Secretary of State

**Current Principal Place of Business:**

311 SOUTH BETTY LANE  
CLEARWATER, FL 33607

**New Principal Place of Business:**

311 SOUTH BETTY LANE  
CLEARWATER, FL 33756

**Current Mailing Address:**

311 SOUTH BETTY LANE  
CLEARWATER, FL 33607

**New Mailing Address:**

POBOX 2351  
CLEARWATER, FL 33757

FEI Number: 20-4836623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GRASSO, SAVINO  
311 SOUTH BETTY LANE  
CLEARWATER, FL 33607 US

**Name and Address of New Registered Agent:**

GRASSO, SAVINO  
311 BETTY LANE  
CLEARWATER, FL 33757 US

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: SAVINO GRASSO

02/14/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRASSO, SAVINO  
Address: 311 SOUTH BETTY LANE  
City-St-Zip: CLEARWATER, FL 33607

Title: MGRM ( ) Delete  
Name: GRASSO, RINA  
Address: 311 SOUTH BETTY LANE  
City-St-Zip: CLEARWATER, FL 33607

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SAVINO GRASSO

RA

02/14/2007

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