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Secretary of State

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000058765

1. Entity Name
TAMPA I A SUPPLIES, L.L.C.

30006761

03122007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
225 EAST LEMON STREET, SUITE 300 LAKELAND, FL 33801	225 EAST LEMON STREET, SUITE 300 LAKELAND, FL 33801

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4619 N. Lois Ave.	P.O. Box 4269
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa, FL
Zip: 33614 Country: Hillsborough	Zip: 33677-4269 Country: U.S.A

4. FEI Number: 84-1712537 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN, PHILIP O
225 EAST LEMON STREET, SUITE 300
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

Name: Jeff Heinrich
Street Address (P.O. Box Number is Not Acceptable): 630 N. Gary Rd.
City: Lakeland FL FL Zip Code: 33801

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: Jeff Heinrich DATE: 4/4/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member/Manager Jeff Heinrich President 630 N. Gary Rd Lakeland FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager President Jeff Heinrich 630 N. Gary Rd Lakeland, FL 33801	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Evelyn Heinrich Treasurer 630 N. Gary Rd Lakeland FL 33801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Treasurer Evelyn Heinrich 630 N. Gary Rd Lakeland, FL 33801	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Jeff Heinrich Jeff Heinrich Manager 4/4/07 863-683-7050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #