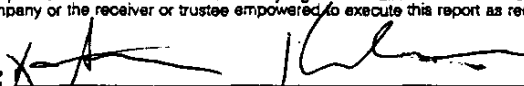


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 16 AM 8:36

DOCUMENT # L06000112088.					
1. Entity Name TAMPA BAY CARSTAR BUSINESS GROUP, LLC					
Principal Place of Business 1819 11TH AVENUE NORTH ST. PETERSBURG, FL 33713		Mailing Address 1819 11TH AVENUE NORTH ST. PETERSBURG, FL 33713			
DO NOT WRITE IN THIS SPACE		04222008No Chg-LLC CR2E083 (12/07)			
		<table border="1"> <tr> <td>4. FEI Number 20-5919500</td> <td>Applied For Not Applicable</td> </tr> <tr> <td>5. Certificate of Status Desired ☐</td> <td>\$5.00 Additional Fee Required</td> </tr> </table>		4. FEI Number 20-5919500	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent KAMBOURIS, STEVEN W 1819 11TH AVENUE NORTH ST. PETERSBURG, FL 33713		DO NOT WRITE IN THIS SPACE			
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS		900129665209 05/16/08--01009--011 **138.50 DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KAMBOURIS, STEVEN W 1819 11TH AVENUE NORTH ST. PETERSBURG, FL 33713				
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HABERL, FREDERICK R 1819 11TH AVENUE NORTH ST. PETERSBURG, FL 33713				
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
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TITLE NAME STREET ADDRESS CITY- ST- ZIP					
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: 		4/23/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			