

05-09-2007 90032 008 *****50.00
L06000118994

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

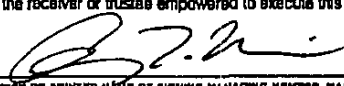
FILED

07 MAY 29 PM 3: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

60050343



DOCUMENT # L06000118994			
1. Entity Name INTOWN GROUP MANAGEMENT - ELEMENT, LLC			
Principal Place of Business 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602		Mailing Address 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602	
2. Principal Place of Business - No P.O. Box # 601 N. ASHLEY DRIVE Suite, Apt. #, etc. SUITE 600 City & State TAMPA, FL Zip 33602		3. Mailing Address 601 N. ASHLEY DRIVE Suite, Apt. #, etc. SUITE 600 City & State TAMPA, FL Zip 33602	
03262007 Chg-LLC CR2E083 (12/06)		4. FEI Number 20-8039307	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GARDNER, J. STEPHEN 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when addressing)			
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		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ 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 606, Florida Statutes.			
SIGNATURE: 		Date: APRIL 17, 2007 813-784-3242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			