

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90333 011 ***138.75

DOCUMENT # L07000000977

1. Entity Name
TAMPA CAPITAL INVESTMENT GROUP, LLC



Principal Place of Business
**7704 W. HILLSBOROUGH AVENUE
TAMPA, FL 33615**

Mailing Address
**7704 W. HILLSBOROUGH AVENUE
TAMPA, FL 33615**

60013390



2. Principal Place of Business - No P.O. Box #
8318 N. Savray St

3. Mailing Address
8318 N. Savray St

Suite, Apt. #, etc.

03032008 Chg-LLC CR2E083 (12/08)

City & State
Tampa, Florida

City & State
Tampa, Florida

Zip
33604

Country
USA

Zip
33604

Country
USA

4. FEI Number
20-8176445

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

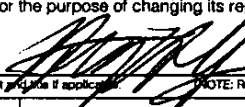
6. Name and Address of Current Registered Agent

**FERNANDEZ, KRISTOPHER E
114 S. FREMONT AVENUE
TAMPA, FL 33606**

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 **3/4/08**

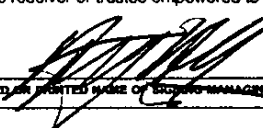
Signature, typed or printed name of registered agent, and fee, if applicable. NOTE: Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALFONSO, ANTHONY 7704 W. HILLSBOROUGH AVENUE TAMPA, FL 33615 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8318 N. Savray St. Tampa, FL 33604 ☒ 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
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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:  DATE **3/4/08** (813) 990-8900

SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE