2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# L07000039534

Entity Name: SOUTH TAMPA BUSINESS VENTURES, LLC

Current Principal Place of Business:

6112 S. WESTSHORE BLVD.
TAMPA, FL 33616 US

New Principal Place of Business:

Current Mailing Address:

3608 W. EUCLID AVE.
TAMPA, FL 33629

New Mailing Address:

4804 W. GANDY BLVD.
TAMPA, FL 33611

FEI Number: 20-8825946 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEWIS, FAZIA
6112 S. WESTSHORE BLVD.
TAMPA, FL 33616 US

Name and Address of New Registered Agent:

LEWIS, FAZIA
4804 W. GANDY BLVD.
TAMPA, FL 33611 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: FAZIA LEWIS 02/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEWIS, FAZIA
Address: 6112 S. WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33616 US

Title: MGRM ( ) Delete
Name: LEWIS, EARL P
Address: 6112 S. WESTSHORE BLVD.
City-St-Zip: TAMPA, FL 33616 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEWIS, FAZIA
Address: 4804 W, GANDY BLVD
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM (X) Change ( ) Addition
Name: LEWIS, EARL P
Address: 4804 W. GANDY BLVD.
City-St-Zip: TAMPA, FL 33611 US

I hereby certify that the information supplied with this filing does not qualify 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: FAZIA LEWIS MGRM 02/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date