

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063029

Entity Name: PF TAMPABAY, LLC

FILED  
Feb 12, 2008  
Secretary of State

## Current Principal Place of Business:

1889 MUIRFIELD WAY  
OLDSMAR, FL 34677 US

## New Principal Place of Business:

## Current Mailing Address:

1889 MUIRFIELD WAY  
OLDSMAR, FL 34677 US

## New Mailing Address:

FEI Number: 26-0393762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCDONALD, BRIAN A  
1889 MUIRFIELD WAY  
OLDSMAR, FL 34677 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCDONALD, BRIAN A  
Address: 1889 MUIRFIELD WAY  
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM ( ) Delete  
Name: FISHER, M. CASEY  
Address: 1889 MUIRFIELD WAY  
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGRM ( ) Delete  
Name: DORE, DAVID D  
Address: 1889 MUIRFIELD WAY  
City-St-Zip: OLDSMAR, FL 34677 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BRIAN A MCDONALD

MGRM

02/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date