

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081706

FILED
Feb 12, 2008
Secretary of State

Entity Name: NEXT GENERATION OF TAMPA, LLC

Current Principal Place of Business:

2404 W BRISTOL AVE
TAMPA, FL 33609

New Principal Place of Business:

600 S. MAGNOLIA AVE
SUITE 275
TAMPA, FL 33606

Current Mailing Address:

2404 W BRISTOL AVE
TAMPA, FL 33609

New Mailing Address:

600 S. MAGNOLIA AVE
SUITE 275
TAMPA, FL 33606

FEI Number: 20-1469322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANGELICI, LINA ESQ
ONE TAMPA CITY CENTER STE 3200
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D () Change (X) Addition
Name: SCHIFINO, WILLIAM J III
Address: ONE TAMPA CITY CENTER, SUITE 3200
City-St-Zip: TAMPA, FL 33602

Title: D () Change (X) Addition
Name: GONZALEZ, RAMON III
Address: 600 S. MAGNOLIA AVE, SUITE 275
City-St-Zip: TAMPA, FL 33606

Title: D () Change (X) Addition
Name: SCHIFINO, DAVID M
Address: 600 S. MAGNOLIA AVE, SUITE 275
City-St-Zip: TAMPA, FL 33606

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: RAMON GONZALEZ III

D

02/12/2008

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