2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000081706

Address:

City-St-Zip:

TAMPA, FL 33606

Entity Name: NEXT GENERATION OF TAMPA, LLC

FILED Mar 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 600 S. MAGNOLIA AVE SUITE 275 TAMPA, FL 33606 **Current Mailing Address: 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: Name and Address of New Registered Agent: ANGELICI, LINA ESQ ONE TAMPA CITY CENTER STE 3200 TAMPA, FL 33602 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SCHIFINO, WILLIAM J III Name: Name: Address: ONE TAMPA CITY CENTER, SUITE 3200 Address: City-St-Zip: TAMPA, FL 33602 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GONZALEZ, RAMON III Name: Address: 600 S. MAGNOLIA AVE, SUITE 275 Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: () Delete Title: () Change () Addition SCHIFINO, DAVID M Name: Name: 600 S. MAGNOLIA AVE, SUITE 275

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.

Address:

City-St-Zip:

SIGNATURE: RAMON GONZALEZ III 03/23/2009