

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90153 026 \*\*\*138.75

<b>DOCUMENT # L07000086047.</b>					
<b>1. Entity Name</b> TAMPA LAND MANAGEMENT, LLC					
<b>Principal Place of Business</b> 6816 S. SHAMROCK STREET TAMPA, FL 33616			<b>Mailing Address</b> 6816 S. SHAMROCK STREET TAMPA, FL 33616		
<b>2. Principal Place of Business - No P.O. Box #</b> 6816 S. Shamrock st		<b>3. Mailing Address</b> 11			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 11			
<b>City &amp; State</b> Tampa Fla		<b>City &amp; State</b> 11			
<b>Zip</b> 33616		<b>Country</b> Hillsborough			
<b>4. FEI Number</b> 35-2306458		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> DOLLMAN, CLINT 6816 S. SHAMROCK STREET TAMPA, FL 33616		<b>7. Name and Address of New Registered Agent</b> Name: Clint Dollman Street Address (P.O. Box Number is Not Acceptable): 6816 S. Shamrock, st City: Tampa, Fla FL Zip Code: 33616			
<b>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.</b> SIGNATURE: <u>Clint Dollman</u> DATE: <u>3-30-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOLLMAN, CLINT 6816 S. SHAMROCK STREET TAMPA, FL 33616	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HURLEY, JONATHAN 4003 S. WESTHORE BLVD., APT. 312 TAMPA, FL 33611	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <u>Clint Dollman</u> DATE: <u>3-30-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					