

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087103

Entity Name: MYM TAMPA, LLC

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

10008 N. DALE MABRY HIGHWAY, STE. 110
TAMPA, FL 33618

New Principal Place of Business:

3450 BUSCHWOOD PARK DR.
#345
TAMPA, FL 33618

Current Mailing Address:

10008 N. DALE MABRY HIGHWAY, STE. 110
TAMPA, FL 33618

New Mailing Address:

3450 BUSCHWOOD PARK DR.
#345
TAMPA, FL 33618

FEI Number: 22-3967621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

OEHLERKING, STEVE
17301 EQUESTRIAN TRAIL
ODESSA, FL 33556 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: STEVE OEHLERKING

04/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: OEHLERKING, STEVE
Address: 10008 N. DALE MABRY HIGHWAY, STE. 110
City-St-Zip: TAMPA, FL 33618

Title: MGR () Delete
Name: HUGHES, BLAKELY
Address: 82950 GATE PARKWAY WEST CONDO #407
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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: STEVE OEHLERKING

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04/23/2008

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