

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097557

FILED
Apr 30, 2008
Secretary of State

Entity Name: FIRST FLORIDA ADMINISTRATORS, LLC

Current Principal Place of Business:

400 N. TAMPA ST. SUITE 1100
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

400 N. TAMPA ST. SUITE 1100
TAMPA, FL 33602

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GALVANO, WILLIAM S
1023 MANATEE AVE. W.
BRADENTON, FL 34205 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: MGR () Delete
Name: WHITAKER, JOE E
Address: 4710 W. OAKELLER AVE.
City-St-Zip: TAMPA, FL 33611

Title: MGR () Delete
Name: GALVANO, WILLIAM S
Address: 1808 97TH ST. N.W.
City-St-Zip: BRADENTON, FL 34200

Title: MGR () Delete
Name: AMBLER, KEVIN C
Address: 400 N. TAMPA ST. SUITE 1100
City-St-Zip: TAMPA, FL 33602

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: KEVIN C. AMBLER

MGR

04/30/2008

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