

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000111637

FILED  
May 14, 2008  
Secretary of State

Entity Name: WHAT IF REALTY TAMPA, L.L.C.

**Current Principal Place of Business:**

1002 SOUTH HARBOUR ISLAND BLVD., STE. 1212  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1825  
TAMPA, FL 33601

**New Mailing Address:**

FEI Number: 26-1372371

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FAGIOLI, GREGORY D  
1002 SOUTH HARBOUR ISLAND BLVD.  
1212  
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: MGR ( ) Delete  
Name: FAGIOLI, MATTHEW G  
Address: 3611 BRASELTON HWY, SUITE 102  
City-St-Zip: DACULA, GA 30019

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FAGIOLI, MATTHEW G PRES  
Address: 3611 BRASELTON HWY, SUITE 102  
City-St-Zip: DACULA, GA 30019

Title: MGR ( ) Change (X) Addition  
Name: FAGIOLI, GREGORY D VP  
Address: PO BOX 1825  
City-St-Zip: TAMPA, FL 33601

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: GREGORY D. FAGIOLI

MGR

05/14/2008

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