

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120231

FILED  
May 07, 2008  
Secretary of State

**Entity Name:** NELSON, BISCONTI, THOMPSON & MCCLAIN, LLC

**Current Principal Place of Business:**

1005 N. MARION STREET  
TAMPA, FL 33602 US

**New Principal Place of Business:**

**Current Mailing Address:**

1005 N. MARION STREET  
TAMPA, FL 33602 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

NELSON, G. MICHAEL  
1005 N. MARION STREET  
TAMPA, FL 33602 US

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

BISCONTI, RICHARD  
1005 N. MARION STREET  
TAMPA, FL 33602 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: RICHARD BISCONTI

05/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NELSON, G. MICHAEL  
Address: 1005 N. MARION STREET  
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM ( ) Delete  
Name: BISCONTI, RICHARD W  
Address: 1005 N. MARION STREET  
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM ( ) Delete  
Name: THOMPSON, JAMES M  
Address: 1005 N. MARION STREET  
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM ( ) Delete  
Name: MCCLAIN, DARREN D  
Address: 1005 N. MARION STREET  
City-St-Zip: TAMPA, FL 33602 US

**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:

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: RICHARD BISCONTI

MGRM

05/07/2008

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