2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# L07000120791

Entity Name: TENGA2 LLC

Current Principal Place of Business:

10335 CROSS CREEK BLVD
SUITE #2
TAMPA, FL 33647 US

New Principal Place of Business:

Current Mailing Address:

10335 CROSS CREEK BLVD
SUITE #2
TAMPA, FL 33647 US

New Mailing Address:

FEI Number: 26-1534237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAHTANI, VISHAL
10335 CROSS CREEK BLVD
SUITE #2
TAMPA, FL 33647 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: MGRM ( ) Delete
Name: MAHTANI, VISHAL
Address: 10335 CROSS CREEK BLVD, #2
City-St-Zip: TAMPA, FL 33647 US

Title: MGR ( ) Delete
Name: SHEMESH, JACOB
Address: 10335 CROSS CREEK BLVD, #2
City-St-Zip: TAMPA, FL 33647 US

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: SHEMESH, JACOB
Address: 23955 OAKMONT PL
City-St-Zip: WEST HILLS, CA 91304 US

Title: MGR ( ) Change (X) Addition
Name: NESBIT, JOHN
Address: 6615 CHAMBREL WAY
City-St-Zip: SUWANEE, GA 30024

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: VISHAL MAHTANI MGRM 04/24/2008

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