

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005713

FILED
Apr 30, 2009
Secretary of State

Entity Name: WEST TAMPA ENTERPRISES, LLC.

Current Principal Place of Business:

4601 WEST KENNEDY BLVD.
SUITE 303
TAMPA, FL 33609

New Principal Place of Business:

2009 NORTH ARMENIA AVENUE
TAMPA, FL 33607

Current Mailing Address:

4601 WEST KENNEDY BLVD.
SUITE 303
TAMPA, FL 33609

New Mailing Address:

PO BOX 45138
TAMPA, FL 33677

FEI Number: 26-1771949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCGINNIS & TESMER, P.A.
4007 PADDLEWHEEL DRIVE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

ROBBINS, WENDY M
2009 NORTH ARMENIA AVENUE
TAMPA, FL 33607 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: WENDY M ROBBINS

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROBBINS, WENDY M
Address: 4601 WEST KENNEDY BLVD. SUITE 303
City-St-Zip: TAMPA, FL 33609

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROBBINS, WENDY M
Address: 2009 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33607

Title: VP () Change (X) Addition
Name: SIZEMORE, DAVID L
Address: 2009 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33607

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: WENDY M ROBBINS

MGRM

04/30/2009

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