2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L08000110243

Entity Name: TAMPA RE GROUP LLC

Current Principal Place of Business:

24 W. SPANISH MAIN STREET
TAMPA, FL 33609 US

New Principal Place of Business:

24 W. SPANISH MAIN ST
TAMPA, FL 33609 US

Current Mailing Address:

24 W. SPANISH MAIN STREET
TAMPA, FL 33609 US

New Mailing Address:

FEI Number: 26-3829113 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 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: LANCOR, DAVID
Address: 24 W. SPANISH MAIN STREET
City-St-Zip: TAMPA, FL 33609 US

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

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

ADDITIONS/CHANGES:

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

Title: MGR ( ) Change (X) Addition
Name: CHANDLER, GARY K
Address: 15 HUNT VALLEY VIEW TERRACE
City-St-Zip: PHOENIX, MD 21131

Title: MGR ( ) Change (X) Addition
Name: DEBRAE, JUDSON N
Address: 5654 RIVA RIDGE
City-St-Zip: WESLEY CHAPEL, FL 33544

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: DAVID LANCOR MGR 04/30/2009

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