


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  99 MAR 23 AM 10:37	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>TAMPA PLAID, L.C.</b> <b>1010 NORTH W.C. MACINNES PLACE</b> <b>TAMPA FL 33602</b>		<b>DOCUMENT # L93000000309</b>  <i>GG-AR cm</i>		1a. Principal Place of Business Address  <b>1010 NORTH W.C. MACINNES PLA</b> <b>TAMPA FL 33602</b>	
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		3. Date Organized or Qualified <b>09/21/1993</b>  4. FEI Number <b>59-3208578</b>  5. Date of Last Report <b>08/24/1998</b>	
3a. State of Formation <b>FL</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent  <b>LISI, JUDITH</b> <b>1010 NORTH W.C. MACINNES PLACE</b> <b>TAMPA FL 33602</b>			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. <b>700002826097--7</b> <b>-04/01/99--01042--005</b> City <b>****188.75</b> <b>FL</b>		
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____			DATE _____		
10. Title      Managing Members/Managers      Business Street Address      City, State and Zip Code					
MGR	CULBREATH, H L	52 BAHAMA CIRCLE	TAMPA FL		
MGR	ROSS, ANN M	4202 E FOWLER AVE, ADM 280	TAMPA FL		
MGR	SHIMBERG, MANDELL	100 ASHLEY DRIVE, 820	TAMPA FL		
MGR	WILLIAMS, JERRY L	201 N FRANKLIN STREET, SUI	TAMPA FL		
MGR	YOUNG, GEORGIANA	100 S BISCAYNE BLVD	MIAMI FL		
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.					
<b>SIGNATURE:</b> 