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LLR OF TAMPA, L.L.C.

03 NOV -7 PM 2:03

Principal Place of Business 8731 JACKSON SPRINGS ROAD TAMPA FL 33615 US		Mailing Address 10801 HATTERAS DRIVE TAMPA FL 33615 US		 ☐ CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3572209	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent ROBERSON, LORA L MANAGER 10801 HATTERAS DRIVE TAMPA FL 33615				7. Name and Address of New Registered Agent Name City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 9/15/03 (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when replacing)					
9. MANAGING MEMBERS / MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	10. ADDITIONS/CHANGES	
MGR	ROBERSON, LORA L MANAGER	10801 HATTERAS DRIVE	TAMPA FL 33615	700023905927 10/17/03--01050--012 **150.00	
MGR	ROBERSON, TERRY K	10801 HATTERAS DRIVE	TAMPA FL 33615		
REINSTATEMENT 2003					

11. I 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 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.

SIGNATURE:

 LORA L. ROBERSON

9/15/03

813) 300-
9206

Date Daytime Phone #

CR2E083 (4/03)