


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000003504 1. Entity Name LA FAMILIA OF TAMPA, L.C.	
--------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 1601 GULF BLVD INDIAN ROCKS BEACH, FL 33785	Mailing Address 3128 W. IDELWILD AVE. TAMPA, FL 33614
---------------------------------------------------------------------------------------	---------------------------------------------------------------------



01192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3590858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MARTIN, JOHN P 2310 WEST BAY DRIVE LARGO, FL 33770

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000596136
01/23/07-80065-022 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, ORENCIO P 6411 WILLOW WOOD LANE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, NORMA 6411 WILLOW WOOD LANE TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLO, ELISEO R 3128 W. IDELWILD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELLO, JULIA P 3128 W. IDELWILD TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, ORENCIO J 6020 THERESA ST TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SILVA, ELENA M 6020 THERESA ST TAMPA, FL 33615

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Eliseo R. Bello** **1/19/07** **813-376-0893**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #