2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L99000005539

1. Entity Name LWL OF TAMPA, LLC



FILED Feb 23, 2006 08:00 AM Secretary of State

Principal Place of Business

12964 NORTH DALE MABRY HIGHWAY

TAMPA, FL 33618

Malling Address

12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 3361B

02062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3597960 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

WALKER, MICHAEL J 12964 N DALE HWY TAMPA, FL 33618

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The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida, the obligations of registered agent.	I am familiar with, and accept
the subgradual of regional 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, 2006

000000445410 03/07/06-80045-003 50.00

MANAGING MEMBERS/MANAGERS 8. MGRM TITLE NAME WALKER, MICHAEL J STREET ADDRESS 12964 NORTH DALE MABRY HIGHWAY CITY-ST-ZIP TAMPA, FL 33618 DDF MGRM LINSEY, DENNIS STREET ADDRESS 12964 NORTH DALE MABRY HIGHWAY CATY-ST-70P TAMPA, FL 33618 **MGRM** TITLE LINSEY, GEORGE NAME 12964 NORTH DALE MARRY HIGHWAY STREET ADDRESS TAMPA, FL 33618 CUTY-ST-782 TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information systilled with this filling 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 according that my signature shall have the same legal effect as if made under callt; that I am a managing member or manager of the filmited flability company or the faceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF STONING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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813-960-8896

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