


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 08, 2007 08:00 AM
Secretary of State**

DOCUMENT # L99000005539 1. Entity Name LWL OF TAMPA, LLC		
Principal Place of Business 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618		Mailing Address 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WALKER, MICHAEL J 12964 N DALE HWY TAMPA, FL 33618		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WALKER, MICHAEL J 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINSEY, DENNIS 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LINSEY, GEORGE 12964 NORTH DALE MABRY HIGHWAY TAMPA, FL 33618	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>2/5/07</u> Daytime Phone # <u>813 960 8896</u>



01072007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3597960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

U00000627642
02/15/07-80069-022 50.00

**DO NOT WRITE
IN THIS SPACE**