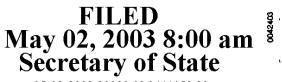
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L9900006953 1. Entity Name



05-02-2003 90080 026 ****50.00

TAMPA B	ay marketing, llc) 						
Principal Place of Business 413 GRANT STREET DUNEDIN FL 34698		Mailing Address 413 GRANT STREET DUNEDIN FL 34698				Adam Barra du		111 88 1115 1 88 1	
2. Principal Place of Business		3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	CHECK HERE IF M	AKING CH	ANGES		
City & State		City & State		4. FEI Numbe	59-3602842	Applied For Not Applicable			
Zip Country		Zip Country		5. Certificate of Status Desired					1
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Regist	ered Agen	t		Ī
CAD.	EY, CLARK	Name						1	
413	GRANT STREET IEDIN FL 34698		Street Address	(P.O. Box Numbe	r is Not Acceptable)				
	12011 1 E 01000								1
			City			FL	Zip Cod	e	7
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	gistered office or registe	ered agent, or both	n, in the State of Florida.	I am famili	ar with,	and accept	7
SIGNATURE _	Signature, typed or printed name of registered agent a	Registered Agent signature require	ed when reinstating)		DATE				
		Make Check Payable	V!!! FEE IS \$50.00 to Florida Departme By May 1, 2003						1
9.	MANAGING MEMBE		10.		ADDITIONS/CHA	NGES			4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAREY, CLARK 413 GRANT STREET DUNEDIN FL 34698	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·			Change	Addition	00,01,000
TITLE NAME STREET ADDRESS	- CONCENTE OTOGO	☐ Delete	TITLE NAME STREET ADDRESS				Change	☐ Addition	1000
City-St-Zip			CITY-ST-ZIP						1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	-			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		*· · · · · · · · · · · · · · · · · · ·		Change	☐ Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	-
 11. I hereby c indicated 	ertify that the information supplied with on this report is true and accurate and t	this filing does not qualify for th that my signature shall have the	ne exemption stated in S e same legal effect as if i	ection 119.07(3)(i) made under oath;), Florida Statutes. I furth that I am a managing m	er certify th	at the ir	nformation or of the	}

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

727-736-913/

Daytime Phone #