

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007830

FILED
Apr 06, 2008
Secretary of State

Entity Name: HARVEY, COVINGTON, & THOMAS OF WEST FLORIDA, LLC

Current Principal Place of Business:

2202 N. WESTSHORE BLVD, SUITE 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

PO BOX 23923
TAMPA, FL 336233923

New Mailing Address:

FEI Number: 26-2338346

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, FLORAN
2202 N WESTSHORE BLVD
SUITE 200
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMAS, FLORAN
Address: 2202 N. WESTSHORE BLVD., SUITE 200
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: COVINGTON, SABRINA
Address: 400 PALM SPRINGS DRIVE SUITE 100
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM () Delete
Name: HARVEY, RODERICK
Address: 3816 HOLLYWOOD BLVD SUITE 203
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FLORAN THOMAS

MGMB

04/06/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date