


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92178 046 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M00000001307					
1. Entity Name TAMPA BAY DESAL, LLC					
Principal Place of Business 4919 MEMORIAL HWY., SUITE 103 TAMPA, FL 33634			Mailing Address 4919 MEMORIAL HWY., SUITE 103 TAMPA, FL 33634		
2. Principal Place of Business 2502 Rocky Point Drive			3. Mailing Address 1055 Washington Blvd		
Suite, Apt. #, etc. Suite # 1040			Suite, Apt. #, etc. 6th Floor		
City & State Tampa, FL			City & State Stamford, CT		
Zip 33607		Country USA	Zip 06901		Country USA
4. FEI Number 52-2196662				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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/ MANAGERS					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGR KINGMAN, ANDREW P 1055 WASHINGTON BLVD. STAMFORD, CT 06901 <input type="checkbox"/> Delete			MGR Anthony Iessi 1055 Washington Blvd. Stamford, CT 06901 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGR PEARCE, SCOTT H 1055 WASHINGTON BLVD. STAMFORD, CT 06901 <input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Anthony Iessi (Anthony Iessi)</u> 4/28/03 203-327-7740					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CR2E083 (10/02)