


2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90189 045 \*\*\*\*50.00

<b>DOCUMENT # M05000006706</b> 1. Entity Name <b>ENCORE TAMPA, LLC</b>	
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Principal Place of Business <b>5005 LBJ FREEWAY SUITE 1200 DALLAS, TX 75244</b>	Mailing Address <b>5005 LBJ FREEWAY SUITE 1200 DALLAS, TX 75244</b>
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**DO NOT WRITE IN THIS SPACE**



01312007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-3771220</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**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 \_\_\_\_\_  
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, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ENCORE MANAGEMENT TAMPA, INC. 5005 LBJ FREEWAY, SUITE 1200 DALLAS, TX 75244</b>
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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.

**Alan L. Murray, Asst. Secretary of Managing Member**

**SIGNATURE:** 

**2/23/07**

**214-259-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #