


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

5/ **FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

05-10-2005 90046 003 \*\*\*\*50.00

<b>DOCUMENT # L0500000075</b>					
1. Entity Name LW TAMPA 857, LLC					
Principal Place of Business 120 NEWPORT CENTER DRIVE SUITE 220 NEWPORT BEACH, CA 92660			Mailing Address 120 NEWPORT CENTER DRIVE SUITE 220 NEWPORT BEACH, CA 92660		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-3032890	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHIFFMAN, ADAM R ESQUIRE 2999 N.E. 191 STREET 900 AVENTURA, FL 33180				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 re-stating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	L & W Partnership, a California general partnership 120 Newport Center Drive, Suite 220 Newport Beach, CA 92660	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Eric A. Wittenberg 120 Newport Center Drive, Suite 220 N.B., CA 92660	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager - C. Ronald Livingston 120 Newport Center Drive, Suite 220 Newport Beach, CA 92660	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager - Fran Gitsham 120 Newport Center Drive, Suite 220 Newport Beach, CA 92600	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
L & W Partnership, Managing Member					
SIGNATURE: By: <i>Fran Gitsham</i>			Fran Gitsham, Attorney-In-Fact		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 5/5/05		Daytime Phone #: 949/640-6720