

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000557

FILED
Mar 29, 2006
Secretary of State

Entity Name: AMPROP HOLDINGS 4TH STREET, LLC

Current Principal Place of Business:

4210 W. SPRUCE STREET
SUITE 202
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4210 W. SPRUCE STREET
SUITE 202
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 20-2093605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOESSLER, ERIC A
4210 W. SPRUCE STREET
SUITE 202
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: SCHOESSLER, ERIC A
Address: 4210 W. SPRUCE STREET, SUITE 202
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: WALSH, PATRICK J
Address: 4210 W. SPRUCE STREET, SUITE 202
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM () Delete
Name: STEFAN, TIMOTHY P JR.
Address: 4210 W. SPRUCE STREET, SUITE 202
City-St-Zip: TAMPA, FL 33607 US

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 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: PATRICK J WALSH

MGR

03/29/2006

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