

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

09-22-2002 90066 046 \*\*\*\*50.00  
M01000000007

DOCUMENT # M01000000007

1. Entity Name  
MV TAMPA LAKE LAND I, LLC

**FILED**

02 NOV -7 PM 12:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business c/o First Union Development Corp.		3. Mailing Address c/o Duke Realty Corp John R. Gaskin	
Suite, Apt. #, etc. One First Union Center		Suite, Apt. #, etc. 3950 Shackelford Rd. Ste. 300	
City & State Charlotte, NC 28288		City & State Duluth, GA 30096	
Zip	Country	Zip	Country

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

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7. Name and Address of Current Registered Agent	
Name	CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)	
1200 South Pine Island Road	
City	Plantation FL Zip Code 33324

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FEE IS \$50.00**  
Make Check Payable to Department of State  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Duke Realty Limited Partnership 3950 Shackelford Rd., Ste. 300 Duluth, GA 30096
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*hjk*

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. By: Duke Realty Corporation, sole general partner of Duke Realty Limited Partnership, sole member of My Tampa Lakeland I, LLC.

SIGNATURE: *John R. Gaskin* John R. Gaskin 9/19/02 770-717-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083B (12/01)