2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L01000014973 01-18-2007 90018 031 ****50.00 TAMPA PALMS SHOPPING PLAZA, L.L.C. Principal Place of Business Mailing Address 820 MORRIS TURNPIKE, STE. 301 1163 RT 22 EAST MOUNTAINSIDE, NJ 07092 SHORT HILLS, NJ 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072007 Chg-LLC CR2E083 (12/06) City & State 4. FEJ Number Applied For City & State 59-3743081 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent John S. Inglis NEW TAMPA, INC. Street Address (P.O. Box Number is Not Acceptable) WARREN KINSLER Shumaker, Loop & Kendrick, LLP 6000 COMPTON ESTATES WAY TAMPA, FL 336471 101 E. Kennedy Blvd., Ste. 2800 City Tampa Zip Code 33602 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. John S. Inglis (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. TITLE MGRM TITI F Change Addition ☐ Delete WILF, ZYGMUNT NAME NAME STREET ADDRESS 820 MORRIS TURNPIKE #301 STREET ADDRESS SHORT HILLS, NJ 07078 CITY-ST-ZIP CITY-ST-ZIP MGRM ☐ Change ☐ Addition TITLE ☐ Delete TITLE WILF, LEONARD NAME STREET ADDRESS 820 MORRIS TURNPIKE #301 STREET ADDRESS CITY-ST-ZIP SHORT HILLS, NJ 07078 City - ST- ZIP MGRM TITLE ☐ Delete TITLE ☐ Change Addition NAME WILF, MARK NAME STREET ADDRESS 820 MORRIS TURNPIKE #301 STREET ADDRESS CITY-ST-ZIP SHORT HILLS, NJ 07078 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jan 18, 2007 8:00 am