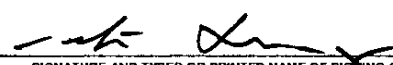


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

| | | | | | |
|---|-------------------------------------|---|--|--|---|
| DOCUMENT # A17624 1. Entity Name TAMPA 301, LTD. | | | |  | |
| Principal Place of Business 3505 E. FRONTAGE RD., #115 TAMPA FL 33607-7007 | | | | Mailing Address 3505 E. FRONTAGE RD., #115 TAMPA FL 33607-7007 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| IRVING, PETER 3505 E. FRONTAGE RD., #115 TAMPA FL 33607-7007 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE _____ | |
| 9. Capital Contributions as Shown on record. \$5,375,550.00 | | 10. Amount of Capital Contributions in FLORIDA to date. 3,830,400.00 | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. GENERAL PARTNER INFORMATION | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | BAXTER, GEORGE J. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 4963 BACOPA LANE SO. APT 803 | | 300048122173 03/10/05--01010--008 **\$26.25 | | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 33715 | | STREET ADDRESS | | |
| DOCUMENT # | NAME | | CITY-ST-ZIP | | |
| NAME | IRVING, PETER | | STREET ADDRESS | | |
| STREET ADDRESS | 14900 GULF BLVD #402 | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | MEDEIRA BEACH FL 33708 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | | | CITY-ST-ZIP | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes | | | | | |
| SIGNATURE:  Peter Irving, Gen. Ptr. | | | 2-16-05 <small>Date</small> | | 813-282-1873 <small>Daytime Phone #</small> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | | |

FILED

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SECRETARY OF STATE



1ST MOORE CR2E003 (10/04)

4. FEI Number **59-2439136** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

STAPLE CHECK HERE