


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

| | | |
|-----------------------------------|--|---|
| DOCUMENT # A17624 | |  |
| 1. Entity Name TAMPA 301, LTD. | | |

FILED

2008 APR -9 PM 12: 37

SECRETARY OF STATE



| | |
|--|--|
| Principal Place of Business 3505 E. FRONTAGE RD., #115 TAMPA FL 33607-7007 | Mailing Address 3505 E. FRONTAGE RD., #115 TAMPA FL 33607-7007 |
|--|--|

1st MOORE CR2E003 (10/07)

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|--|---------|--------------------------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address P.O. Box 10499 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State TAMPA FL | |
| Zip | Country | Zip | Country |
| | | 33619-0499 | USA |

| | |
|--|--|
| 4. FEI Number 59-2439136 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent IRVING, PETER 3505 E. FRONTAGE RD., #115 TAMPA FL 33607-7007 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable.

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # | BAXTER, GEORGE J. | STREET ADDRESS | |
| NAME | 4963 BACOPA LANE SO. APT 803 | CITY-ST-ZIP | |
| STREET ADDRESS | ST. PETERSBURG FL 33715 | | |
| CITY-ST-ZIP | | STREET ADDRESS | 000122042100 |
| DOCUMENT # | IRVING, PETER | CITY-ST-ZIP | 04/03/08--01034--012 **500.00 |
| NAME | 14900 GULF BLVD #402 | | |
| STREET ADDRESS | MEDEIRA BEACH FL 33708 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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| NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **Gen. Ptr.** 3/18/08 813-282-1873
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE