


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 11 PM 3:57

DOCUMENT # B02000000431

1. Entity Name
TAMPA BAY GROUND LEASE SECOND TIER LIMITED PARTNERSHIP



Principal Place of Business
270 COMMERCE DRIVE
ROCHERSTER, NY 14623

Mailing Address
270 COMMERCE DRIVE
ROCHERSTER, NY 14623

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03122008 Chg-LP CR2E003 (12/06)

4. FEI Number 74-3073527		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

500122865845
04/10/08--01016--002 **500.00

**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 CITY-ST-ZIP	F02000006386 TAMPA BAY GROUND LEASE SECOND TIER GENERAL PARTNER CORPORATION 270 COMMERCE DRIVE ROCHERSTER, NY 14623	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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STAPLE CHECK HERE

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: *William Sandericker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *William Sandericker, Vice President*

3-14-08 585-359-3000
Daytime Phone #