

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

DOCUMENT # B95000000201	
1. Entity Name TAMPA BAY ARENA, LTD.	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN -3 AM 9:16

Principal Place of Business 401 CHANNELSIDE DRIVE TAMPA FL 33602	Mailing Address 401 CHANNELSIDE DRIVE TAMPA FL 33602
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

[Handwritten signature]

1ST MOORE CR2E003 (10/04)

4. FEI Number 59-3316446		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DAVIS, PAUL C 401 CHANNELSIDE DRIVE TAMPA FL 33602		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

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

9. Capital Contributions as Shown on record. **\$990,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$ 990,000.00**

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 #	M99000000622	STREET ADDRESS	
NAME	GLASS PALACE, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	2 CHAMPIONSHIP DRIVE		
CITY-ST-ZIP	AUBURN HILLS MI 48326		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: *Glass Palace LLC*
By: Ronald Campbell **Ronald Campbell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **5-20-05** Daytime Phone **813-301-6500**

STAPLE CHECK HERE