

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000985

**FILED**  
**Apr 17, 2007**  
**Secretary of State**

**Entity Name:** MACDILL CORPORATE CENTER, LLC

**Current Principal Place of Business:**

5303 S. MACDILL AVE.  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 13751  
TAMPA, FL 336813751

**New Mailing Address:**

FEI Number: 59-3624339

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOLLISTER, WILLIAM S  
8001 N. DALE MABRY HWY, SUITE 501M  
TAMPA, FL 33614 US

**Name and Address of New Registered Agent:**

HOLLISTER, WILLIAM S  
13153 N. DALE MABRY HWY  
SUITE 111  
TAMPA, FL 33618 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

04/17/2007

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CONNELL, KEVIN G  
Address: 5303 S. MACDILL AVE.  
City-St-Zip: TAMPA, FL 33611

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: KEVIN G CONNELL

MGR

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date