

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90265 032 \*\*\*138.75

<b>DOCUMENT # L00000001538</b>					
<b>1. Entity Name</b> LEAP NEW TAMPA, L.C.					
<b>Principal Place of Business</b> 3641 E. KENNEDY BLVD., SUITE A TAMPA, FL 33609			<b>Mailing Address</b> 3641 E. KENNEDY BLVD., SUITE A TAMPA, FL 33609		
<b>2. Principal Place of Business - No P.O. Box #</b> 3641 W. KENNEDY BLVD.		<b>3. Mailing Address</b> 3641 W. KENNEDY BLVD.			
Suite, Apt. #, etc. SUITE A		Suite, Apt. #, etc. SUITE A			
City & State		City & State			
Zip		Country		Zip	
Country		Country			
<b>6. Name and Address of Current Registered Agent</b>  BARNETT, LESLIE J BARNETTE, BOLT, KIRKWOOD & LONG 601 BAYSHORE BLVD., SUITE 700 TAMPA, FL 33606			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AR-JOY OF TAMPA, INC. 3641 W. KENNEDY BLVD., STE. A TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FOURSOME PROPERTIES, INC. 3641 W. KENNEDY BLVD., SUITE A TAMPA, FL 33609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALS PROPERTIES, L.P. ONE OXFORD CENTRE, 34TH FLOOR PITTSBURGH, PA 15219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALPS PROPERTIES, L.P. ONE OXFORD CENTRE, 34TH FLOOR PITTSBURGH, PA 15219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. 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 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.</b>					
<b>SIGNATURE:</b> _____ <span style="float: right;">3/26/08 (813) 353-2220</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					