

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000002126****1. Entity Name**

TAMPA GATEWAY PARK H2 PARTNERS, LLC

**Principal Place of Business****Mailing Address**

214 SHORE CREST DRIVE

214 SHORE CREST DRIVE

TAMPA  
33609

FL

TAMPA  
33609

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-3633393**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**WHITAKER DANIEL D  
CAREY O'MALLEY WHITAKER & MANSON, P.A.  
712 SOUTH OREGON AVENUE  
TAMPA FL  
33606 USName  
WHITAKER DANIEL D  
Street Address (P.O. Box Number is Not Acceptable)  
CAREY O  
712 SOUTH OREGON AVENUE  
City TAMPA FL Zip Code  
33606**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.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**04/30/2001**

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State****9. MANAGING MEMBERS / MEMBERS****10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	ARCHERD FREDERIC MJR	214 SHORE CREST DRIVE	TAMPA FL 33609	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	KILCOYNE DAVID F	7528 U.S. HIGHWAY 301 NORTH	TAMPA FL 33637	<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change	<input type="checkbox"/> Addition

**11. 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 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:** Frederic M. Archerd, Jr.

M

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)