



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90080 014 \*\*\*\*50.00

DOCUMENT # L01000000749																																	
1. Entity Name MAGDALENE CENTER OF TAMPA, LLC																																	
Principal Place of Business 15436 N. FLORIDA AVE, STE. 101 TAMPA, FL 33617			Mailing Address 15436 N. FLORIDA AVE, STE. 101 TAMPA, FL 33617																														
2. Principal Place of Business 2908 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200 City & State Tampa FL Zip 33629 Country USA		3. Mailing Address 2908 Bay to Bay Blvd. Suite, Apt. #, etc. Suite 200 City & State Tampa FL Zip 33629 Country USA		20035187 																													
02232005 Chg-LLC CR2E083 (10/03)				4. FEI Number 59-3726433																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable																													
6. Name and Address of Current Registered Agent  MYERS, W. PARKINSON 15436 N. FLORIDA AVE, STE. 101 TAMPA, FL 33617			7. Name and Address of New Registered Agent Name Arcis Investments, Inc Street Address (P.O. Box Number is Not Acceptable) 2908 Bay to Bay Blvd. Suite 200 City Tampa FL Zip Code 33629																														
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 <u>Krista Kennedy Snowalt</u> DATE <u>4/14/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																															
9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;">MGR MAGDALENE CENTER GP, LLC 15436 N. FLORIDA AVE, STE. 101 TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAGDALENE CENTER GP, LLC 15436 N. FLORIDA AVE, STE. 101 TAMPA, FL 33613 <input checked="" type="checkbox"/> Delete													10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;">MGR Magdalene Center GP, LLC 2908 Bay to Bay Blvd., Suite 200 Tampa, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Magdalene Center GP, LLC 2908 Bay to Bay Blvd., Suite 200 Tampa, FL 33629 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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: <u>Krista Kennedy Snowalt</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	
Date				Daytime Phone #																													