## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED DOCUMENT # L01000001055 1. Entity Name 2004 MAR 16 PM 4: 15 TAMPA LAND GROUP, L.L.C. DIVILION OF CORPORATIONS Principal Place of Business Mailing Address ALLAHASSEE, FLORIDA 2655 MCCORMICK DRIVE, SUITE 200 2655 MCCORMICK DRIVE, SUITE 200 CLEARWATER, FL 33759 CLEARWATER, FL 33759 01082004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3707192 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TEW, JOEL R DO NOT WRITE 2655 MCCORMICK DRIVE TEW, BARNES & ATKINSON, L.L.P. IN THIS SPACE CLEARWATER, FL 33759 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. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 200030574682 03/16/04--01089--008 \*\*325.00 **MGRM** TITLE NAME IRICK, ANDREW G II STREET ADDRESS 3072 HAMPTON COURT CITY-ST-ZIP CLEARWATER, FL 33761 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 eath; that I am a managing member or manager of the limited liability company or the receiver or truetee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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