2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90034 011 ****50.00

DOCUMENT # L01000004421

1. Entity Name
INTERNATIONAL CENTER, LLC

Principal Place of Business	Mailing Address
15436 NORTH FLORIDA AVENUE, SUITE 101 TAMPA, FL 33613	15436 NORTH FLORIDA AVENUE, SUITE 101 TAMPA, FL 33613

02252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2908 Bay to Bay Blvd.	2908 Bay to Bay Blvd.
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Tampa FL	City & State: Tampa FL
Zip: 33629 Country: USA	Zip: 33629 Country: USA

4. FEI Number: 59-3712000 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MYERS, W. PARKINSON
15436 NORTH FLORIDA AVENUE, SUITE 101
TAMPA, FL 33613

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: [signature] DATE: 4/15/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INTERNATIONAL CENTER MANAGER, LLC 15436 NORTH FLORIDA AVENUE, SUITE 101 TAMPA, FL 33613 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR International Center, LLC 2908 Bay to Bay Blvd. Suite 200 Tampa, FL 33629 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/15/05 813 805 2110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #