

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007334

FILED  
Feb 12, 2004  
Secretary of State

Entity Name: TAMPA HORIZONS CENTER, L.L.C.

**Current Principal Place of Business:**

5495 BANNERGATE DRIVE  
ALPHARETTA, GA 30022

**New Principal Place of Business:**

**Current Mailing Address:**

5495 BANNERGATE DRIVE  
ALPHARETTA, GA 30022

**New Mailing Address:**

FEI Number: 59-3716037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: SHANKWILER, DOUGLAS  
Address: 5495 BANNERGATE DRIVE  
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR ( ) Delete  
Name: HALL, LARRY  
Address: 2338 TRIOTAN CIR.  
City-St-Zip: ALPHARETTA, GA 30345

Title: MEM ( ) Delete  
Name: NEWMAN, MICHAEL  
Address: 4855 PINETREE DR.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MEM ( ) Delete  
Name: BRINDA, MICHAEL  
Address: 3 SKYCREST  
City-St-Zip: IRVINE, CA 92612

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: NEWMAN, MICHAEL  
Address: 4855 PINETREE DR.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM (X) Change ( ) Addition  
Name: BRINDA, MICHAEL  
Address: 3 SKYCREST  
City-St-Zip: IRVINE, CA 92612

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOUGLAS SHANKWILER

MGR

02/12/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date