LIMITED LIABILITY COMPANY TUNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2002 8:00 am Secretary of State

1. Entity Name						,	04-07-2002 90565 006 ****50.00		
TAMPA	TECH I	PRESERVE,	LLC						
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3/00 SHOKETREE COURT Suite, Apt. #, etc. SUITE 600 3. Mailing Address 3/00 SHOKETREE COURT Suite, Apt. #, etc. SUITE 600							936883 DO NOT WRITE IN THIS SPACE		
City & State			itv & State		4. FEI Number		Applied For		
2760	4	Country	Zi	ALEIGH, 7604	Country	5. Certificate of	of Status Desired	\$5.00 Additional Fee Required	
2160			- C	700/		7. Name and Ad	Idress of Current Registe		
						D. R. P.O. R.A. is (P.O. Box Number			
IN THIS SPACE							VE ISLAND	ROAD	
					PLANTATION			L Zip Code	
8. The above	e named entity	submits this stateme	ent for the pu	rpose of changing its re	egistered office or regis	tered agent, or both	in the State of Florida.		
SIGNATURE	Signature, typed o	or printed name of registered	agent and title if a	pplicable.			DATE	<u> </u>	
Make Check Paya					EE IS \$50.00 able to Department JE BY MAY 1	of State			
9.		MANAGING ME		NAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3100 St RALE.	0000393 14NWOODS, 10KETREE 14H, NC	LP COURT 2760	; Suite 600 4	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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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: / and

3.18-02

919-872-4924