2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # L02000014451** 04-24-2008 90019 004 ***138.75 1. Entity Name TAMPA MALL, LLC Principal Place of Business Mailing Address 60028123 113 SOUTH MACDILL AVE. #B 113 SOUTH MACDILL AVE. #B TAMPA, FL 33609 TAMPA, FL 33609 CR2E083 (12/07) 04182008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 16-1638364 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIM, IN TAE DO NOT WRITE 113 SOUTH MACDILL AVE. #B TAMPA, FL 33609 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS TITLE D KIM, IN TAE NAME 113,S, MACDILL AVE., #B STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609 TITLE NAME CHOI, KI HWAN STREET ADDRESS 113 S. MACDILL AVE., #B TAMPA, FL 33609 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS C1TY - ST - 719 TITLE STREET ADDRESS

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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

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