2004 LIMITED LIABILITY COMPANY

Apr 26, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L02000017193** 04-26-2004 90038 021 ****50.00 TOMPKINS REALTY HOLDINGS, LLC Principal Place of Business Mailing Address **4214 WATER OAKS LANE 4214 WATER OAKS LANE** TAMPA, FL 33624 TAMPA, FL 33624 03312004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 81-0563977 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address or Current Registered Agent JEFFRIES, DAVID M DO NOT WRITE 101 EAST KENNEDY BLVD., STE. 4000 TAMPA, FL 33602 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS TITLE MGRM TOMPKINS, JACK NAME STREET ADDRESS **4214 WATEROAKS LANE** TAMPA, FL 33624 33618 CITY-ST-ZIP MGRM TITLE NAME TOMPKINS, MARIA STREET ADDRESS **4214 WATEROAKS LANE** CITY-ST-ZIP TAMPA, FL 33624 336/8 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7(P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F

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:

STREET ADDRESS CITY-ST-ZIP

FILED