2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED **DOCUMENT #L02000018498** HCX DEVELOPMENT PARTNERS OF TAMPA, LLC 7004 AUG 20 P 3: 05 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 4850 West Prospect Road, 4850 West Prospect Road, Ft. Lauderdale, FL 33309 Ft. Lauderdale, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 Chg-LLC CR2E083 (10/03) 4. EEI Number Applied For City & State City & State 54-2065880 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WASCH, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 4850 WEST PROSPECT ROAD FT. LAUDERDALE, FL 33309 City Zip Code FL 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Delete TITLE Manager ☐ Change Addition Craig A. Fleming DAYA, M.J. NAME 4850 W. Prospect Rd., STREET ADDRESS STREET ADDRESS 16740 BIRKDALE COMMONS PKWY STE 210 Ft. Lauderdale, FL 33309 CITY-ST-ZIP HUNTERSVILLE, NC 28078 CITY-ST-ZIP MGR TITLE Delete. TITLE Manager ☐ Change Addition Alexander L. Stanton HERSHEY, MARLIN NAME NAME 4850 W. Prospect Rd., STREET ADDRESS 16740 BIRKDALE COMMONS PKWY STE 210 STREET ADDRESS Ft. Lauderdale, FL 33309 HUNTERSVILLE, NC 28078 CITY-ST-ZIP CITY-ST-ZIP MGR Delete TITLE Manager ☐ Change Addition Joseph C. Wasch MAHONEY, BRIAN NAME NAME 4850 W. Prospect Rd., 1640 SOUTH STOPLEY DRIVE STE 128 STREET ADDRESS STREET ADDRESS Ft. Lauderdale, FL 33309 CITY-ST-ZIP MESA, AZ 85204 CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME 000040647700 STREET ADDRESS STREET ADDRESS 08/30/04--01093--003 **600.**0**0 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

ED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

SIGNATURE AND TO