

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000019924

Entity Name: TAMPA TOWER, LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

402 REO ST, STE 218
TAMPA, FL 33609

New Principal Place of Business:

4107 W SPRUCE STREET
SUITE 250
TAMPA, FL 33607

Current Mailing Address:

2000 N 14TH ST, STE 400
ARLINGTON, VA 22201

New Mailing Address:

FEI Number: 57-1188470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GORDON, RONALD J
402 REO ST, STE 218
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

GORDON, RONALD J
4107 W SPRUCE STREET
SUITE 250
TAMPA, FL 33607 US

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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GORDON, RONALD J
Address: 5101 LITTLE FALLS RD
City-St-Zip: ARLINGTON, VA 22207

Title: MGRM () Delete
Name: ZAVALA, EDUARDO A
Address: 200 W GREENWAY BLVD
City-St-Zip: FALLS CHURCH, VA 22045

Title: MGRM () Delete
Name: JOHNSON, ERICKA N
Address: 1013 DOWNING CT
City-St-Zip: MITCHELLVILLE, MD 20721

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ERICKA JOHNSON

MGRM

03/20/2009

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