


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90034 028 ****50.00

DOCUMENT # L02000022414 1. Entity Name SINGER ISLAND FINANCE COMPANY, LLC	
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Principal Place of Business 220 SOUTH FRANKLIN STREET TAMPA, FL 33602	Mailing Address P.O. BOX 3913 TAMPA, FL 33601
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 101 S. Franklin St. Suite, Apt. #, etc. Suite 101 City & State Tampa, FL Zip 33602	Country USA
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04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0742359

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MERRILL, S. TODD ESQ.
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name J. Stephen Gardner
Street Address (P.O. Box Number is Not Acceptable)
101 S. Franklin Street, Suite 101
City Tampa, FL Zip Code 33602

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 J. Stephen Gardner DATE 4/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDNER, J. STEPHEN 220 SOUTH FRANKLIN STREET TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 S. FRANKLIN ST., SUITE 101 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWKIRK, THOMAS R 100 S. ASHLEY STREET, SUITE 1650 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4943 W. BAY WAY DR TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: J. Stephen Gardner DATE 4/20/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE