


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90242 049 \*\*\*\*50.00

<b>DOCUMENT # L03000015609</b> 1. Entity Name <b>SUNCOAST APARTMENTS OF TAMPA, LLC</b>													
Principal Place of Business <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746</b>			Mailing Address <b>300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746</b>										
2. Principal Place of Business <b>300 International Pkwy</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Heathrow, FL.</b> Zip <b>32746</b>			3. Mailing Address <b>300 International Pkwy</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Heathrow, FL.</b> Zip <b>32746</b>										
Country <b>USA</b>			Country <b>USA</b>										
4. FEI Number <b>65-1187564</b>			Applied For <input type="checkbox"/> Not Applicable										
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent <b>CHRISTY, KATHERINE A</b> <b>300 INTERNATIONAL PARKWAY, SUITE 130</b> <b>HEATHROW, FL 32746</b>										
7. Name and Address of New Registered Agent Name <b>Christy, Katherine A</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 International Pkwy Suite 300</b> City <b>HEATHROW</b>			State <b>FL</b> Zip Code <b>32746</b>										
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 <u><i>Katherine A Christy</i></u> DATE <u><i>2/24/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>													
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>MGRM</b>  <b>FLORIDA CAPITAL VENTURES, LLC</b>  <b>300 INTERNATIONAL PARKWAY, SUITE 130</b>  <b>HEATHROW, FL 32746</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FLORIDA CAPITAL VENTURES, LLC</b> <b>300 INTERNATIONAL PARKWAY, SUITE 130</b> <b>HEATHROW, FL 32746</b>		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <b>MGRM</b>  <b>FLORIDA CAPITAL VENTURES, LLC</b>  <b>300 INTERNATIONAL PKWY SUITE 300</b>  <b>HEATHROW, FL 32746</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FLORIDA CAPITAL VENTURES, LLC</b> <b>300 INTERNATIONAL PKWY SUITE 300</b> <b>HEATHROW, FL 32746</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**SIGNATURE:**

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

Date

Daytime Phone #