2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

Secretary of State DOCUMENT # L03000015609 02-24-2006 90242 049 ****50.00 SUNCOAST APARTMENTS OF TAMPA, LLC Principal Place of Business Mailing Address 20010152 300 INTERNATIONAL PARKWAY, SUITE 130 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746 HEATHROW, FL 32746 2. Principal Place of Business 3. Mailing Address 300 International Pkwy 300 International Pkwy Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 Chg-LLC CR2E083 (11/05) Suite 300 Suite 300 City & State City & State 4. FEI Number Applied For Heathrow, FL Heathrow, FL 65-1187564 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П 32746 32746 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Christy, Katherine A CHRISTY, KATHERINE A Street Address (P.O. Box Number is Not Acceptable) 300 International Pkwy Suite 300 300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW, FL 32746 🐰 City HEATHROW 32746° 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM MGRM TITLE . ☐ Delete TITLE Change ☐ Addition FLORIDA CAPITAL VENTURES, LLC FLORIDA CAPTITAL VENTURES, LLC NAME NAME STREET ADDRESS 300 INTERNATIONAL PARKWAY, SUITE 130 STREET ADDRESS 300 INTERNATIONAL PKWY SUITE 300 CITY-ST-ZIP HEATHROW, FL 32746 CITY-ST-ZIP HEATHROW, FL. 32746 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Delete TITLE 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 filling does not qualify for the exemptions contained in Chapter 119, 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.

FILED Feb 24, 2006 8:00 am