FILED
Mar 28, 2008 08:00 A
Secretary of State

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000040154

1. Entity Name
LW TAMPA LAND, LLC

Principal Place of Business	Mailing Address
C/O MARK LEVIN 815 SOUTH PORT DRIVE REDWOOD CITY, CA 94065	C/O MARK LEVIN 815 SOUTH PORT DRIVE REDWOOD CITY, CA 94065

DO NOT WRITE IN THIS SPACE

03262008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ZAMORE, MILTON P
57 MARTINIQUE AVE
TAMPA, FL 33606-4029

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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 _____ DATE
Signature required when reinstating (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000873079
04/10/08-80053-023 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LEVIN, MARK
STREET ADDRESS	815 SOUTH PORT DRIVE
CITY-ST-ZIP	REDWOOD CITY, CA 94065
TITLE	MGRM
NAME	WALFISH, NANCY L
STREET ADDRESS	12972 HIGHLAND OAK COURT
CITY-ST-ZIP	FAIRFAX, VA 22033
TITLE	MGRM
NAME	LEVIN, PAUL A
STREET ADDRESS	4242 NEW HOPE SPRINGS DRIVE
CITY-ST-ZIP	HILLSBOROUGH, NC 27278
TITLE	MGRM
NAME	JARED M. WALFISH TRUST
STREET ADDRESS	12972 HIGHLAND OAK COURT
CITY-ST-ZIP	FAIRFAX, VA 22033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Milton P. Zamore MILTON P ZAMORE 3/26/08 813 251-2929
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #