2006 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000065063 200 SOUTH MACDILL, LLC Principal Place of Business Mailing Address 2506 S. MACDILL AVENUE 2506 S. MACDILL AVENUE

TAMPA, FL 33629

FILED May 04, 2006 8:00 am Secretary of State

05-04-2006 90018 008 ****50.00

Philoran



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAMPA, FL 33629

01112006 No Chg-LLC CR2E083 (11/05)

4.	FEI Number			Applied For
	20-1680815	 		Not Applicable
_	Codificate of Status Desired	 \$5.0	0	Additional

Fee Required

MAYTS, ANDREW J JR DO NOT WRITE 106-S: TAMPANIA AVE. STE. 200 201 N. ARMENIA AVE TAMPA, FL 33609 IN THIS SPACE

 The above named entity submits this state, the obligations of registered agent. 	DREW M	Hered office or registered agent/or with in the State of Florida. I am familiar with, and accep
SIGNATURESignature, typed or printed name of registers—		. Registerso Agent signature required whyn reinstating) UATE
Filing Fee is \$50.00 Due by May 1, 2006		

9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR LANDERS, JAMES F 2506 S MACDILL AVE TAMPA, FL 33629					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•					
11 I hereby certify that the information supplied with this filling does not qualify for the av						

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE:			
SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #	_