2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

| DOCUMENT # L0400065063 1. Entity Name 200 SOUTH MACDILL, LLC Principal Place of Business Mailing Address | | | | | | 04-02-2007 | 90436 04 | 46 ****5(| 0.00 |
|---|---|--|---|---|---------------------------------------|--|--------------------------|--|--|
| 2506 S. MAC TAMPA, FL 3 | | 2506 S. MACDIŁL AVENU TAMPA, FL 33629 | IE | | | 88111 61811 88311 58(1) 88 | III SSIIS BIIBI SII | a Tano o a bb ini | |
| 13907 CA | lace of Business - No P.O Box # PROLINOS VILLAGE RUN | 3. Mailing Address 13014 N. PALE M | abry Hi | υ Υ | | | | | |
| Suite, Apt. | | Suite, Apt. #, etc Suite 356 | > | | 03292007 | Chg-LLC | CR2E08 | 83 (12/06) | |
| City & State | A. FL | City & State TAMPA T | = L | | 4. FEI Numbe 20-168 | | | | plied For 1 Applicable |
| 3361 | Q Country | ^{Zip} 33618 | Country | | 5. Certificate | of Status Desired | | \$5.00 Add | |
| 3701 | 6. Name and Address of Current I | | | | 7. Name and | Address of New I | | | |
| MAYTS A | NDRÉW J JR | | | GARY | | RBANKS | | | |
| 201 N ARM | MENIA AVE | | Str | eet Address | (P.O. Box Numb | er is Not Acceptab | VILLAG | E Ru | 7 |
| TAMPA, FI | L 33609 | | ` | | | 2 - C + Q + Q + Q + Q + Q + Q + Q + Q + Q + | | | |
| | | City | | YTAM | 00 | | FL | Zip Code | 318 |
| 8. The above | named entity submits this statement to | r the purpose of changing its re | egistered off | | | th, in the State of F | lorida. I am f | amiliar with, | and accept |
| 1 | ions of registered agent. | ently 1,AR | 4 A. | FAIR | SANKS | <u>ت</u> | 129/0 | 7 | |
| SIGNATURE . | Signature typed or projed name of registered agent | and title if applicable (NOTE | Registered Agen | it signature require | d when reinstating) | | DATE | <u> </u> | |
| 1 | u . | | | | | | | | |
| | iling Fee is \$50 00 | | | | | Ma | ke check p | ayable to | |
| | iling Fee is \$50.00 ue by May 1, 2007 | | | | | | ke check p la Departm | | B |
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE