

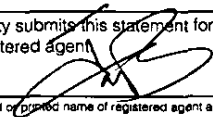
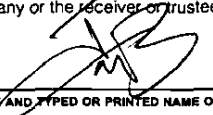


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90055 045 ***138.75

DOCUMENT # L04000070467 1. Entity Name ACROPOLIS/SEVEN HILLS LLC					
Principal Place of Business 2910 BAY TO BAY BOULEVARD, SUITE 300 TAMPA, FL 33629			Mailing Address 2910 BAY TO BAY BOULEVARD, SUITE 300 TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # 2216 S. Exmoor St Suite, Apt. #, etc.		3. Mailing Address Po Box 18104 Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-1723041	
Zip 33629		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KARAMITSANIS, PETE 2910 BAY TO BAY BOULEVARD, SUITE 300 TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Pete Karamitsanis Street Address (P.O. Box Number is Not Acceptable) 2216 S. Exmoor St. City Tampa FL Zip Code 33629	
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  Pete Karamitsanis 4/22/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KARAMITSANIS, PETE 2910 BAY TO BAY BOULEVARD, SUITE 300 TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Karamitsanis, Pete 2216 S. Exmoor St. Tampa, FL 33629	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Pete Karamitsanis 4/22/08 (813)258-8005 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					