2007 LIMITED LIABILITY COMPANY

FILED Jan 25, 2007 08:00 AN **ANNUAL REPORT Secretary of State DOCUMENT # L05000022779** 1. Entity Name SAVE TAMPA HISTORY, LLC Principal Place of Business Mailing Address 1234 E. 5TH AVENUE 1234 E. 5TH AVENUE TAMPA, FL 33605. TAMPA, FL 33605 US 01162007No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4294502 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWOPE, DALE DO NOT WRITE 1234 E. 5TH AVENUE TAMPA, FL 33605 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature reculred when reinstating) U00000604338 U1/29/07-80052-010 50.00 Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SWOPE, DALE NAME 1234 E. 5TH AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33605 MGRM TITLE RODANTE, ANGELA 1234 E. 5TH AVENUE STREET ADDRESS. CITY-ST-ZIP TAMPA, FL 33505 TITLE STREET ADORESS DO NOT WRITE City-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

es not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information lature shall have the same legal effect as if made under oath, that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes 11. I hereby certify that the information supplied with indicated on this report is true and accurate and limited liability company or the reduced or trust

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP