2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000034696

Entity Name: STREETSIDE TAMPA, LLC

Apr 27, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3708 WEST SWANN AVENUE 3708 WEST SWANN AVENUE TAMPA, FL 33607

SUITES 101 & 103 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

3708 WEST SWANN AVENUE 3708 WEST SWANN AVENUE

TAMPA, FL 33607 SUITES 101 & 103

TAMPA, FL 33609 US

FEI Number: 83-0446009 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEARSON, EMILIA PEARSON, EMILIA

3708 WEST SWANN AVENUE 3708 WEST SWANN AVENUE

TAMPA, FL 33607 SUITES 101 & 103 TAMPA, FL 33609 US

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.

SIGNATURE: EMILIA PEARSON 04/27/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

SCHLOSSBERG, BLAIR G SCHLOSSBERG, BLAIR G Name: Name: 3708 WEST SWANN AVENUE Address: 3708 WEST SWANN AVENUE, SUITES 101 & 103 Address:

City-St-Zip: TAMPA, FL 33607 US City-St-Zip: TAMPA, FL 33609 US

Title: MGRM () Delete Title: () Change () Addition

DAVIDSON, DOUGLAS C Name: Name: Address: 6424 BELLS FERRY ROAD, SUITE 114 Address: City-St-Zip: WOODSTOCK, GA 30189 US City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

LEDBETTER, LARRY J LEDBETTER, LARRY J Name: Name:

3708 WEST SWANN AVENUE 3708 WEST SWANN AVENUE, SUITES 101 & 103 Address: Address: City-St-Zip: TAMPA, FL 33607 US City-St-Zip: TAMPA, FL 33609 US

(X) Change () Addition Title: MGRM () Delete Title: MGRM Name: CHRISTIANSEN, JON P Name: CHRISTIANSEN, JON P

3708 WEST SWANN AVENUE 3708 WEST SWANN AVENUE, SUITES 101 & 103 Address: Address:

City-St-Zip: TAMPA, FL 33607 US City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BLAIR G. SCHLOSSBERG **MGRM** 04/27/2007