## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000053298  1. Entity Name NORTH TAMPA SHORES CENTER LLC			04-28-2008 90040 037 ***138.75	
NORTH I	AMPA SHORES CENTER I			
Principal Plac		Mailing Address		UUUMUUUU
2910 BAY TO SUITE 200	D BAY BLVD.	2910 BAY TO BAY BLVD. SUITE 200		·
TAMPA, FL 3	33629	TAMPA, FL 33629		
2. Principal B	lace of Business - No P.O. Box #	3. Mailing Address		
<u>3410-11</u>	enderson Blvd.	3410 Henau	rson Blud	
Suite, Apt.	#, etc. 200	Suite, Apt. #, etc.	0	04092008 Chg-LLC CR2E083 (12/06)
City & State	on Fl	City & State	F/	4. FEI Number Applied For
Zip	Country	Zip	Country	20-3026898 Not Applicable  5 Cadificate of Status Passada   \$5.00 Additional
336		33609	USA	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current F	Registered Agent	Name T	7. Nome and Address of New Registered Agent Charge
KENNEDY	, JOSEPH A		1054	ph Kennedy
2910 BAY	TO BAY		Street Address	(P.O., Box Number is Not Acceptable) Blvd, #200
SUITE 200 TAMPA, FI				THE CONCENTRAL ASSE
.,	2 00020		City — T	FI Zip Godes ( O.C.
O The share		share of already to the	lar	ηρα FL   <sup>20</sup> 33609
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egisterea office or registe	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	·			
orannone.	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating) DATE
EN E	NOW!!! FEE IS \$138.75	:		Make check payable to
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75			. Make check payable to Florida Department of State
After May	/ 1, 2008 Fee will be \$538.75		<b>1</b> 40	Florida Department of State
			10. TITLE	
9. TITLE NAME	MANAGING MEMBER MGR KENNEDY, JOSEPH A	RS/MANAGERS	TITLE	ADDITIONS/CHANGES  ADDITIONS/CHANGES  Change Addition
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR KENNEDY, JOSEPH A 2910 BAY TO BAY, SUITE 200	RS/MANAGERS	TITLE NAME STREET ADDRESS 341	ADDITIONS/CHANGES  ADDITIONS/CHANGES  Change Addition  ADDITIONS/CHANGES  ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR KENNEDY, JOSEPH A 2910 BAY TO BAY, SUITE 200 TAMPA, FL 33629	RS/MANAGERS  Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP 70	ADDITIONS/CHANGES  ADDITIONS/CHANGES  Change Addition  To Herderson Blvd, #200  Empa FL 33609
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR KENNEDY, JOSEPH A 2910 BAY TO BAY, SUITE 200	RS/MANAGERS	TITLE NAME STREET ADDRESS 341	ADDITIONS/CHANGES  ADDITIONS/CHANGES  Change Addition  ADDITIONS/CHANGES  ADDITIONS/CHANGES
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR KENNEDY, JOSEPH A 2910 BAY TO BAY, SUITE 200 TAMPA, FL 33629 MGRM GIBSON, WILLIAM L 2910 W BAY TO BAY BLVD STE	RS/MANAGERS  Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES  ADDITIONS/CHANGES  Change Addition  To Herderson Blvd, #200  Empa FL 33609
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11. 1 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-08

613-554-1200

Daytime Phone #