


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2008 90040 037 ***138.75

DOCUMENT # L05000053298	
1. Entity Name NORTH TAMPA SHORES CENTER LLC	

Principal Place of Business 2910 BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629	Mailing Address 2910 BAY TO BAY BLVD. SUITE 200 TAMPA, FL 33629
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2. Principal Place of Business - No P.O. Box # 3410 Henderson Blvd.	3. Mailing Address 3410 Henderson Blvd.
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200

City & State Tampa FL	City & State Tampa FL
Zip 33609	Zip 33609
Country USA	Country USA

04092008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3026898	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent KENNEDY, JOSEPH A 2910 BAY TO BAY SUITE 200 TAMPA, FL 33629		7. Name and Address of New Registered Agent Change	
		Name Joseph Kennedy	
		Street Address (P.O. Box Number is Not Acceptable) 3410 Henderson Blvd, #200	
		City Tampa FL Zip Code 33609	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 KENNEDY, JOSEPH A 2910 BAY TO BAY, SUITE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3410 Henderson Blvd, #200 Tampa FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, WILLIAM L 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENNEDY, DAVID A 2910 W BAY TO BAY BLVD STE 200 TAMPA, FL 33629 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3410 Henderson Blvd, #200 Tampa FL 33609
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
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: **DZ a/k/a**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-23-08

Date

813-554-1200

Daytime Phone #