2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 13, 2007 8:00 am Secretary of State **DOCUMENT # L05000083158** 02-20-2007 90370 006 ****50.00 1. Entity Name JEBCO GP TAMPA, LLC Principal Place of Business Mailing Address **3**00000200 1000 MANSELL EXCHANGE WEST 1000 MANSELL EXCHANGE WEST **BUILDING 200, SUITE 210 BUILDING 200, SUITE 210** ALPHARETTA, GA 30022 ALPHARETTA, GA 30022 01122007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1758242 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRIDGES, JAMES E DO NOT WRITE 128 GOLDEN GATE POINT, #1001 SARASOTA, FL 34236 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. (NOTE: Required Apert stonesse required when (sinctating) DATE Filing Fee Is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS CEO TITLE NAME BRIDGES, JAMES E 1000 MANSELL EXCHANGE W B200 S210 STREET ADDRESS 077-51-712 ALPHARETTA, GA 30022 TITLE NUME STREET ADDRESS CITY-ST-ZIP TITLE MALEE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADORESS CITY-ST-ZIP TIPLE NAME STREET ADDRESS CITY-ST-ZIP TITLE KAME STREET ADDRESS CITY-ST-ZIP 19. 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 ismitted hability company or the receiver or trustee empowered to execute this report as regulared by Chapter 608, Florida Statutes.

G MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED

678-297-0909

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