2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000090083

L Entity Name

TAMPA BAY GULF COAST PROPERTIES, LLC



Principal Place of Business

TITLE

STREET ADDRESS CITY-ST-ZIP

1427 GREENGROVE ROAD BRICK, NJ 08724 Mailing Address

1427 GREENGROVE ROAD BRICK, NI 08724 May 22, 2007 8:00 am Secretary of State 05-22-2007 90178 012 ****50.00

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FILED

05152007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number 20-3653578	-	Applied For Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELLIS, JONATHAN J ESQ SHUMAKER LOOP & KENDRICK, LLP 101 EAST KENNEDY BOULEVARD, SUITE 2800 TAMAP, FL 33602 DO NOT WRITE
IN THIS SPACE

	i vi					
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 little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE			
Fii Due I	ing Fee la \$50.00 ny September 14, 2007					
9.	MANAGING MEMBERS/MANAGERS	TO CANADA Y A SECOND CONTRACTOR OF CONTRACTO				
TITLE	CP					
NAME	MERCER, JOHN					
STREET ADDRESS	15024 NORTH GREEN DR					
CITY-ST-ZIP	HUNTERSVILLE, NC 28078					
TILE	CP					
NAME	FREDERICK, LE BOEUF					
STREET ADDRESS	1427 GREEN GROVE RD					
CITY-ST-ZIP	BRICK, NJ 08724					
TITLE						
HAME		A Secretary	Andrew Comment (1985) (
STREET ADDRESS		DO NOT	NAIDITE			
CITY-ST-ZIP			ANVITE CAR			
TITLE		IN THIS	SDACE			
NAME			JIAOL			
STREET ADDRESS						
CITY-ST-ZEP						
TITLE						
NAME						
STREET ADDRESS			44 Table 1 Tab			
CHY-ST-ZEP						

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 further certify that the information indicated on this report as required by Chapter 608, Florida Statutes.

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

14/07 7328406856

Daytime Phone