


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90307 027 \*\*\*\*50.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L06000055150</b>  |   |  |   |                       |  |
| <b>1. Entity Name</b><br>TAMPA DEVELOPERS, LLC  |   |  |   |  |  |
| <b>Principal Place of Business</b><br>C/O DEVELOPERS REALTY CORPORATION<br>433 SOUTH MAIN STREET SUITE 310<br>WEST HARTFORD, CT 06110   |   |  | <b>Mailing Address</b><br>C/O DEVELOPERS REALTY CORPORATION<br>433 SOUTH MAIN STREET SUITE 310<br>WEST HARTFORD, CT 06110 |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |   | <b>3. Mailing Address</b>                                |   |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                      |   |  |  |
| <b>City &amp; State</b>   |   | <b>City &amp; State</b>                                  |   | <b>4. FEI Number</b><br>20-4967340   |  |
| <b>Zip</b>  |   | <b>Country</b>   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br>JOHNSON, SHELLY MAY ESQ<br>8726 OLD CR 54 SUITE D<br>NEW PORT RICHEY, FL 34653  |   |  | <b>7. Name and Address of New Registered Agent</b>  |  |  |
| Name  |   |  | Street Address (P.O. Box Number is Not Acceptable)  |  |  |
| City  |   |  | Zip Code  |  |  |
| <b>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.</b>  |   |  |   |  |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)   |   |  |   |  |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2007</b>   |   | <b>Make check payable to Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>EISENBAUM, WAYNE<br>433 S MAIN STREET SUITE 310<br>WEST HARTFORD, CT 06110 | <input type="checkbox"/> Delete                          |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>EISENBAUM, ALAN<br>433 S MAIN STREET SUITE 310<br>WEST HARTFORD, CT 06110  | <input type="checkbox"/> Delete                          |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  | MGR<br>AMPM ENTERPRISES<br>433 S MAIN STREET SUITE 310<br>WEST HARTFORD, CT 06110 | <input type="checkbox"/> Delete                          |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Delete                          |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Delete                          |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Delete                          |   |  |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>  |   | <input type="checkbox"/> Delete                          |   |  |  |
| <b>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.</b> |   |  |   |  |  |
| <b>SIGNATURE:</b> _____   |   |  |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |   |  |   |  |  |
| Date  |   |  |   |  |  |
| Daytime Phone #   |   |  |   |  |  |