

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90195 011 \*\*\*\*50.00

**DOCUMENT # L06000111023**

1. Entity Name  
3201 SOUTH MACDILL AVENUE, LLC



Principal Place of Business  
201 N. FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33602

Mailing Address  
201 N. FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33602

**60012940**



2. Principal Place of Business - No P.O. Box #

405 North Reo Street

3. Mailing Address

405 North Reo Street

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

City & State

Tampa, FL

01182007 Chg-LLC CR2E083 (12/06)

4. FEI Number

20-5912081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NOLAN, MICHAEL J  
201 N. FRANKLIN STREET, SUITE 2200  
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME NOLAN, MICHAEL J ☒ Delete  
STREET ADDRESS 201 N. FRANKLIN STREET, SUITE 2200  
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME John Baumann ☐ Change ☒ Addition  
STREET ADDRESS 405 North Reo Street, suite 200  
CITY-ST-ZIP Tampa, FL 33609

TITLE MGRM  
NAME John Carter ☐ Change ☒ Addition  
STREET ADDRESS 4211 W Boy Scout Blvd, suite 520  
CITY-ST-ZIP Tampa, FL 33607

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

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

Date

Daytime Phone #

1-22-07