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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
07 MAY 29 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03262007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000118994

1. Entity Name
INTOWN GROUP MANAGEMENT - ELEMENT, LLC

Principal Place of Business	Mailing Address
101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602	101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
601 N. ASHLEY DRIVE	601 N. ASHLEY DRIVE
Suite, Apt. #, etc. SUITE 600	Suite, Apt. #, etc. SUITE 600
City & State TAMPA, FL	City & State TAMPA, FL
Zip 33602 Country	Zip 33602 Country

4. FEI Number 20-8039309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GARDNER, J. STEPHEN 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGRM NAME GREGORY J. MINDER STREET ADDRESS 601 N. Ashley Dr. CITY-ST-ZIP Ste 600 Tampa, Fl	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] April 17, 2007 813-984-3242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #