## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 26, 2008 8:00 am Secretary of State 03-26-2008 90116 048 \*\*\*143.75

DOCUMENT # L06000120981  1. Entity Name TAMPA INVESTMENTS 2 LLC					03-20-2008	90110 0 <del>4</del> 6 14	.3.73	
Principal Place of Business         Mailing Address           3140 W KENNEDY BLVD         3140 W KENNEDY BLVD           100         100           TAMPA, FL 33609         TAMPA, FL 33609					60017303		<b>118</b> 1     1 <b>181</b>	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3/40 W Kunnedy Blvd 3/40 W Kennedy Suite, Apt. #, etc.				<u>/</u>				
City & Stat		• •		03212008	Chg-LLC	CR2E083 (12/06)	oplied For 1	
1 ampa, LL Ses		City & State Tampa FL		4. FEI Numb	ED FOR 201		ot Applicable	
-336		33609	Country USA		of Status Desired	\$5.00 Add Fee Require	ditional ed	
	6. Name and Address of Current F	Registered Agent	Name	7. Name an	Address of New R	egistered Agent		
LANZA, MATTHEW S			Ivanie					
3140 W KENNEDY BLVD TAMPA, FL 33609			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City	City FL Zip Code				
8. The above the obligation	e named entity submits this statement for tions of registered accept.	the purpose of changing its re	egistered office or regis	stered agent, or be	oth, in the State of Flo			
SIGNATURE	Signature, typed of printegrame of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signature req	uired when reinstating)		3-2/-08	<u> </u>	
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75					e check payable to a Department of Stat	e	
			10.			Department of Stat	e	
After May	y 1, 2008 Fee will be \$538.75		10.		Florida	Department of Stat	e Addition	
9. TITLE NAME	MANAGING MEMBEI MGRM LANZA, MATTTHEW S	RS/MANAGERS	TITLE NAME		Florida	Department of Stat	<u></u>	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBEI MGRM LANZA, MATTTHEW S 3140 W KENNEDY BLVD	RS/MANAGERS	TITLE NAME STREET ADDRESS		Florida	Department of Stat	<u></u>	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBEI MGRM LANZA, MATTTHEW S	RS/MANAGERS	TITLE NAME STREET ADDRESS CITY-SI-ZIP		Florida	Department of State CHANGES Change	Addition	
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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

3-21-08 813-340-7017