

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90243 044 \*\*\*\*50.00

DOCUMENT # *M000000001159*  
1. Entity Name  
**Rouse Tampa Bay, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**10275 Little Patuxent Parkway**

3. Mailing Address **SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Columbia, MD**

City & State

4. FEI Number  
**52-2248854**

Applied For

Not Applicable

Zip  
**21044**

Country  
**USA**

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name

**Corporation Service Company**

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

**1201 Hays Street**

City

**Tallahassee**

**FL**

Zip Code  
**32301**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Donahue, Jeffrey H</b> <b>10275 Little Patuxent Parkway</b> <b>Columbia, MD 21044-3456</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Glenn, Gordon H</b> <b>10275 Little Patuxent Parkway</b> <b>Columbia, MD 21044-3456</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Hullinger, Elizabeth A</b> <b>10275 Little Patuxent Parkway</b> <b>Columbia, MD 21044-3456</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>McGregor, Douglas A</b> <b>10275 Little Patuxent Parkway</b> <b>Columbia, MD 21044-3456</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Deering, Anthony W</b> <b>10275 Little Patuxent Parkway</b> <b>Columbia, MD 21044-3456</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Lundquist, Melanie M</b> <b>10275 Little Patuxent Parkway</b> <b>Columbia, MD 21044-3456</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Elizabeth A. Hullinger* *4/19/02 4109928000*