


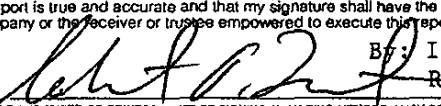
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUL 19 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500077727475

DOCUMENT # M00000002701			
1. Entity Name TAMPA L.K.E. LLC			
Principal Place of Business 6300 SHERIFF ROAD, DEPARTMENT 593 LANDOVER, MD 20785		Mailing Address 6300 SHERIFF ROAD, DEPARTMENT 593 LANDOVER, MD 20785	
2. Principal Place of Business 6300 Sheriff Road Suite, Apt. #, etc.		3. Mailing Address 6300 Sheriff Road Suite, Apt. #, etc. Legal Dept. - 6th Floor	
City & State Landover, MD		City & State Landover, MD	
Zip 20785-4303	Country USA	Zip 20785-4303	Country USA
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MARC E 1385 HANCOCK STREET QUINCY, MA 02169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Member GFS Realty, Inc. 6300 Sheriff Road Landover, MD 20785-4303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PICARIELLO, RICHARD J 1385 HANCOCK STREET QUINCY, MA 02169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HIPPLER, THOMAS A 1385 HANCOCK STREET QUINCY, MA 02169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOLMES, WILLIAM 6300 SHERIFF ROAD LANDOVER, MD 20785 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLAVOLPE, ANTHONY A 1385 HANCOCK STREET QUINCY, MA 02169 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		By: Its Sole Member, GFS Realty, Inc. Robert A. Licht, VP & Assistant Secretary 7/5/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	



CORPORATION SERVICE COMPANY

MOV000002701

RECEIVED

06 JUL 19 PM 12:37

ACCOUNT NO. : 072100000032

REFERENCE : 251630 7364794

AUTHORIZATION

COST LIMIT : \$ 50.00

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2006 JUL 19 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 19, 2006

ORDER TIME : 10:28 AM

ORDER NO. : 251630-005

CUSTOMER NO: 7364794

BH

ANNUAL REPORT FILING

NAME: TAMPA L.K.E. LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - Ext. 2962

EXAMINER'S INITIALS: _____