



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JAN 16 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900084658759

DOCUMENT # M00000002701					
1. Entity Name TAMPA L.K.E. LLC					
Principal Place of Business LEGAL DEPARTMENT -- 6TH FLOOR 6300 SHERIFF ROAD LANDOVER, MD 20785-4303			Mailing Address LEGAL DEPARTMENT -- 6TH FLOOR 6300 SHERIFF ROAD LANDOVER, MD 20785-4303		
2. Principal Place of Business - No P.O. Box # 8301 Professional Place			3. Mailing Address 8301 Professional Place		
Suite, Apt. #, etc. Suite 115			Suite, Apt. #, etc. Suite 115		
City & State Landover, MD 20785-4303			City & State Landover, MD 20785-4303		
Zip 20785-2237		Country USA		4. FEI Number 52-2315949	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (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	MGRM GFS REALTY, INC. 6300 SHERIFF ROAD LANDOVER, MD 207854303 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GFS Realty LLC 8301 Professional Place, Suite 115 Landover, MD 20785-2237 <input checked="" 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	
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	
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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	
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 LLC Steven F. Rowell, Asst. Secretary 6177706977		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 01/08/07 Daytime Phone #		

LAS



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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032
REFERENCE : 713968 7364794
AUTHORIZATION : *Sara Lea*
COST LIMIT : \$ 55.00

FILED
07 JAN 16 AM 10:29
TALLAHASSEE, FLORIDA

ORDER DATE : January 16, 2007

ORDER TIME : 2:43 PM

ORDER NO. : 713968-005

CUSTOMER NO: 7364794

BH

ANNUAL REPORT FILING

NAME: TAMPA L.K.E. LLC

REC'D
07 JAN 16 PM 4:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - Ext. 2914

EXAMINER'S INITIALS: _____