2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100002460

TAMPA TELCOM CENTER LLC

Principal Place of Business Mailing Address 701 BRICKELL AVE., STE, 3000 701 BRICKELL AVE., STE. 3000 MIAMI FL 33131 MIAMI FL 33131

FILED May 14, 2002 8:00 am & Secretary of State 05-14-2002 90142 001 *1,900.00

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2. Principal Place of Business 3. I		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WR	ITE IN THIS	SPACE		
City & State C		City & State	City & State		4. FEI N	lumber 51-04020	91	-	Applied For Not Applicable	
Zip	Country	Zip	Country	/	5. Certi	ficate of Status Desired		\$5.00 Ac	dditional	
	6. Name and Address of Curre	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name	e and Address of New	Registered		-	
· · · · · · · · · · · · · · · · · · ·				Name						
701	rastate registered agent Brickell ave., Ste. 3000 MI FL 33131	CORPORATION		Street Address	(P.O. Box N	lumber is Not Acceptable	le)			
	•		City				FL	Zip Coo	de	
8. The above	named entity submits this statemen	t for the nurnose of changing its	s registered	office or registe	ored agent	or both, in the State of El	orido			
	and statement	the tre barbook of brighting if	a registered	onice of registe	sieu ayeiii, i	or both, in the state of Fi	onda.			
SIGNATURE .										
- Sidire (TOTIE)	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered A	gent signature require	ed when reinstati	ng)	DATE			
		Make Check Pa						-		
9.	MANAGING MEM	IBERS/MANAGERS	10.			ADDITIONS	/CHANCE	 		
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5.11 G1 ZII			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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Daytime Phone #