2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FLDE03 FILED
Apr 23, 2007 08:00 A
Secretary of State

IBP FLDE03 LENNOX ACCT# 815

PROPERTY

INV TOTAL $ 50.00

$ AMOUNT
$ 50.00

DESCRIPTION LLC Certification

APPROVED BY:

DOCUMENT # M05000004969

1. Entity Name
IBP TAMPA, LLC

Principal Place of Business
ONE RIVERCHASE PARKWAY SOUTH
BIRMINGHAM, AL 35244

Mailing Address
ONE RIVERCHASE PARKWAY SOUTH
BIRMINGHAM, AL 35244

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03212007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3363615
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

U00000724270
05/02/07-80106-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HARBERT REAL ESTATE FUND III, LLC
STREET ADDRESS	ONE RIVERCHASE PARKWAY SOUTH
CITY-ST-ZIP	BIRMINGHAM, AL 35244
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joy J. Lentol Controller 4/5/07 (205) 987-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #