

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005622

Entity Name: 7L CAMP MACK, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

400 N. TAMPA STREET, SUITE 2200
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

400 N. TAMPA STREET, SUITE 2200
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-3505884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, ELIZABETH A
400 N. TAMPA STREET, SUITE 2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LYKES BROS. INC.,
Address: 400 N. TAMPA STREET, SUITE 2200
City-St-Zip: TAMPA, FL 33602

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: FERGUSON, HOWELL L
Address: 400 N. TAMPA STREET, SUITE 2200
City-St-Zip: TAMPA, FL 33602

Title: VP () Change (X) Addition
Name: BENNETT, FREDERICK J
Address: 400 N. TAMPA STREET, SUITE 2200
City-St-Zip: TAMPA, FL 33602

Title: S () Change (X) Addition
Name: CHASE, RICHARD A
Address: 400 N. TAMPA STREET, SUITE 2200
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: FREDERICK BENNETT

VP

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date