2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000005651

1. Entity Name
TAMPA INDUSTRIAL, LLC

Principal Place of Business	Mailing Address
% HIGH STREET / URS INVESTMENTS, LLC 265 FRANKLIN STREET BOSTON, MA 02110	% HIGH STREET / URS INVESTMENTS, LLC 265 FRANKLIN STREET BOSTON, MA 02110

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2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address	**4.** FEI Number 20-3560642	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required
Zip / Country	Zip / Country		

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 _____

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

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 **MGR** NAME **COUGHLIN, DANIEL J** STREET ADDRESS **265 FRANKLIN ST** CITY-ST-ZIP **BOSTON, MA 02110**	☐ Delete	TITLE NAME *Coughlin, Daniel J.* STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____   2/6/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #