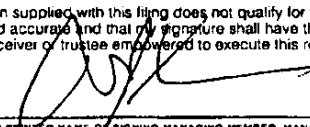


FILED
May 24, 2007 8:00 am
Secretary of State

04-30-2007 90061 047 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M06000005000			
1. Entity Name ONE TAMPA CITY CENTER LLC			
Principal Place of Business ONE FINANCIAL PLAZA #102 FT LAUDERDALE, FL 33394		Mailing Address ONE FINANCIAL PLAZA #102 FT LAUDERDALE, FL 33394	
2. Principal Place of Business - No P.O. Box # 2101 W. Commercial		3. Mailing Address 2101 W. Commercial	
Suite, Apt. #, etc. 1200		Suite, Apt. #, etc. 1200	
City & State Fort Lauderdale FL		City & State Fort Lauderdale FL	
Zip 33309		Zip 33309	
Country		Country	
4. FEI Number 20-5530037		Applied For Not Applicable	
5. Certificate of Status Desired X		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAINSTREET TCC, INC. ONE FINANCIAL PLAZA #102 FT LAUDERDALE, FL 33394		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2101 W. Commercial Suite 1200 City Fort Lauderdale FL 33309	
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 amending) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MAINSTREET TCC, LTD ONE FINANCIAL PLAZA #102 FT LAUDERDALE, FL 33394 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2101 W. Commercial Suite 1200 Fort Lauderdale FL 33309 ☐ 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
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
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: 		4/27/07 954-717-9066	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	