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	Mailing Address
ONE FINANCIAL PLAZA #102 FT LAUDERDALE, FL 33394	ONE FINANCIAL PLAZA #102 FT LAUDERDALE, FL 33394

02082007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2101 W. Commercial	2101 W. Commercial
Suite, Apt. #, etc.: 1200	Suite, Apt. #, etc.: 1200
City & State: Fort Lauderdale Fl	City & State: Fort Lauderdale Fl,
Zip: 33309 Country:	Zip: 33309 Country:

4. FEI Number 20-5530037 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAINSTREET TCC, INC. ONE FINANCIAL PLAZA #102 FT LAUDERDALE, FL 33394	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 ______________________________
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 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
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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: [signature] 4/27/07 954-717-9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #