

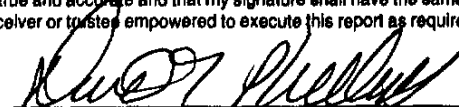


FILE NOW: Fee after May 1, will be \$588.75

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|--|----------------------------------|---|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 97 APR 24 AM 8:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company 2001 TAMPA LLC, L.C. 4607 SUMAC ROAD MIDDLETON WI | | DOCUMENT # M94000000156 1a. Principal Place of Business Address 4607 SUMAC ROAD MIDDLETON WI | | | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | | 3. Date Organized or Qualified 12/02/1994 | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3a. State of Formation WI 4. FEI Number 39-1804324 5. Date of Last Report 07/25/1996 | |
| | | | | 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> State & Local Fee Required | |
| 7. Name and Address of Current Registered Agent CRAMER HABER MCDONAL, D & LEVINE 1311 N. CHRUCH TAMPA FL 33607 | | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: center; font-weight: bold; font-size: 1.2em;">FL</div> | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MGRM | 2001 TAMPA, INC. | 1221 EAST NEW HAVEN AVENUE | | MELBOURNE FL | |
| <div style="font-family: monospace; font-size: 0.8em;">700002163167--9 -05/02/97--01051--016 ****203.75 ****203.75</div> <div style="font-size: 1.5em; margin-top: 20px;"></div> | | | | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (I), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE:  | | <div style="text-align: right; font-size: 1.5em;">422-97</div> | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Date Daytime Phone # | | | |