

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000001496

Entity Name: CCMH TAMPA AP LLC

FILED  
Jan 23, 2007  
Secretary of State

**Current Principal Place of Business:**

6903 ROCKLEDGE DRIVE SUITE 1500  
BETHESDA, MD 20817 US

**New Principal Place of Business:**

**Current Mailing Address:**

6903 ROCKLEDGE DRIVE  
SUITE 1500  
BETHESDA, MD 20817 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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: PATRICIA FARRELL

01/23/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALTER, EDWARD W  
Address: 6903 ROCKLEDGE DRIVE, SUITE 1500  
City-St-Zip: BETHESDA, MD 20817

Title: MGR ( ) Delete  
Name: LARSON, GREGORY J  
Address: 6903 ROCKLEDGE DRIVE, SUITE 1500  
City-St-Zip: BETHESDA, MD 20817 US

Title: MGR ( ) Delete  
Name: HARVEY, LARRY K  
Address: 6903 ROCKLEDGE DRIVE, SUITE 1500  
City-St-Zip: BETHESDA, MD 20817 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY J LARSON

MGR

01/23/2007

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