2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 27, 2007 8:00 am Secretary of State 03-27-2007 90017 016 ****61.25

1. Entity Nam TAMPA B	MEN I # N940000019 BAY PARTNERSHIP FOR REPMENT, INC.				2, 200, 9001, 010	01.23	
Principal Place 4300 CYPRE STE 250 TAMPA, FL 3	SS ST	Mailing Address 4300 W CYPRESS ST STE 250 TAMPA, FL 33607 U	S		42685		
Principal Place of Business - No P.O. Box # 3. Maili		3. Mailing Address	iling Address				
Suite, Apt. #, etc. Suit		Suite, Apt. #, etc.	.ite, Apt. #, etc.		NP CR2E037 (12/06	·)	
City & State City		City & State	y & State			Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Statu	s Desired		
	6Name and Address of Current Re	glatered Agent —		-7:-Name and Addres	s of New Registered Agent —		
ROGEL, STUART L			Name	Name			
	YPRESS ST		Street Address		(P.O. Box Number is Not Acceptable)		
TAMPA, FL 33607							
·			City		FL Zip C	ode	
	named entity submits this statement for the lions of registered agent.					th, and accept	
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: f	Registered Agent signature requ	pired when reinstating)	DATE		
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS	IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGEL, STUART L 4300 W CYPRESS ST STE 250 TAMPA, FL 33607	Delete	NAME STREET ADDRESS CITY-ST-ZIP		☐ Chang	e Addition	
TITLE NAME STREET ADDRESS	CD MITCHELL, DEWEY	☐ Delete	TITLE 5	TD	∑ Chang	e	
CITY-ST-ZIP	4300 W. CYPRESS STREET, SUIT TAMPA, FL 33607	TE 250	STREET ADDRESS CITY-ST-ZIP	SOO W. CYPTO	-51 St. Swite 250 3607	e Adollon	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	4300 W. CYPRESS STREET, SUIT	☐ Delete	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOO W. CYPTO	-5) St. Suite 250 3607	e 🔲 Addition	

12. I hereby certify that the information supplied with his fling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver cytrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Delete

813-878-2308 Dayline Phone #

☐ Change

☐ Change

☐ Addition

Addition