## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb. 20, 2006 008:00 AN A Secretary of State A, Not - 06 Corporde Roper 2/6/06 5 **DOCUMENT # P05000000125** CM PROPERTIES OF TAMPA, INC. Principal Place of Business Mailing Address 2910 WEST BAY TO BAY BLVD, SUITE 200 2910 WEST BAY TO BAY BLVD, SUITE 200 TAMPA, FL 33629 TAMPA, FL 33629 02032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2229320 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENNEWEIN, JONATHAN P DO NOT WRITE 101 EAST KENNEDY BLVD, SUITE 3700 TAMPA, FL 33602 IN THIS SPACE 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, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS п TITLE MAME CROWDER, SHEFFIELD STREET ADDRESS 2910 WEST BAY TO BAY BLVD SUITE 200 CITY-ST-ZIP TAMPA, FL 33629 000000441961 03/03/06-80056-012-150.00 D TITLE MINCEY, DONALD NAME STREET ADDRESS 2910 WEST BAY TO BAY BLVD SUITE 200 TAMPA, FL 33629 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS City - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 115, Florida Statutes. I further certify that the information indicated on this report or supplemental report 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 or trustee empowered to execute this report as required by Chapter 607, 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. trescour L 813-221-1 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR