## 2007 FOR PROFIT CORPORATION

## **FILED** Anr 16. 2007 08:00 A

	ANNUAL	REPORT		_	Typi.	10, 2007 00.0	<b>U</b> 1
DOCUMENT # P0500000125					Se	ecretary of Sta	ıte
	PERTIES OF TAMPA, INC.						
Principal Place of Business 2910 WEST BAY TO BAY BLVD, SUITE 200 TAMPA, FL 33629		Mailing Address 2910 WEST BAY TO BAY BLVD, SUITE 200 TAMPA, FL 33629		- - - - - - - - - - - - - - - - - - -			
DO NOT WRITE IN THIS SPACE				03202007 No Chg-P CR2E034 (11/05)  4. FEI Number			
	6. Name and Address of Current Re	gistered Agent					
JENNEWEIN, JONATHAN P 101 EAST KENNEDY BLVD, SUITE 3700 TAMPA, FL 33602 75 535				_	NOT WR THIS SPA		٠
the obligat	named entity submits this statement for the	e purpose of changing its register	I. ed office or register	red agent, or bo	th, in the State of Florida	a. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature req				when reinstating) DATE		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				.00 May Be · ed to Fees			
10.	OFFICERS AND DI	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROWDER, SHEFFIELD 2910 WEST BAY TO BAY BLVD S TAMPA, FL 33629	JITE 200			HINNO	00709228	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D MINCEY, DONALD SS 2910 WEST BAY TO BAY BLVD SUITE 200 TAMPA, FL 33629				04/24/0	00709228 7-80146-011 150.00	İ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AME Treet address			DO	NOT WR	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE				
TITLE NAME STREET ADDRESS					,		

12. 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 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.

SIGNATURE: \_

CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3 - 27/-75 ) y
Daytime Phone #