


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000014973  
 1. Entity Name  
 TAMPA PALMS SHOPPING PLAZA, L.L.C.



Principal Place of Business      Mailing Address  
 820 MORRIS TURNPIKE, STE. 301      1163 RT 22 EAST  
 SHORT HILLS, NJ      MOUNTAINSIDE, NJ 07092

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
 59-3743081      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NEW TAMPA, INC.  
 WARREN KINSLER  
 6000 COMPTON ESTATES WAY  
 TAMPA, FL 33647

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

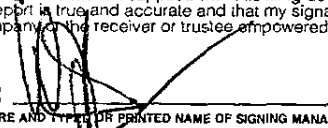
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILF, ZYGMUNT
STREET ADDRESS	820 MORRIS TURNPIKE #301
CITY - ST - ZIP	SHORT HILLS, NJ 07078
TITLE	MGRM
NAME	WILF, LEONARD
STREET ADDRESS	820 MORRIS TURNPIKE #301
CITY - ST - ZIP	SHORT HILLS, NJ 07078
TITLE	MGRM
NAME	WILF, MARK
STREET ADDRESS	820 MORRIS TURNPIKE #301
CITY - ST - ZIP	SHORT HILLS, NJ 07078
TITLE	MGRM
NAME	KINSLER, WARREN
STREET ADDRESS	6000 COMPTON ESTATES WAY
CITY - ST - ZIP	TAMPA, FLORIDA 33647
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

00000013017  
 01/26/04-80037-001 50.00

**DO NOT WRITE IN THIS SPACE**

11. I 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 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.

SIGNATURE:  Warren Kinsler, Authorized Rep.      1/23/04      813/910-7914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #