


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000014973</b>	
1. Entity Name TAMPA PALMS SHOPPING PLAZA, L.L.C.	

Principal Place of Business 820 MORRIS TURNPIKE, STE. 301 SHORT HILLS, NJ	Mailing Address 1163 RT 22 EAST MOUNTAINSIDE, NJ 07092
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 59-3743081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILF, ZYGMUNT 820 MORRIS TURNPIKE #301 SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILF, LEONARD 820 MORRIS TURNPIKE #301 SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILF, MARK 820 MORRIS TURNPIKE #301 SHORT HILLS, NJ 07078
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01/20/05-80025-023 50.00

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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:** \_\_\_\_\_ *1-5-05* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #