


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000014973**  
 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
---	--

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>59-3743081</b>	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, 2007**

U00000588716  
 01/17/07-80030-020 50.00

**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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. 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 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:** *Keith Graham, CEO* **1-10-07** 9086547010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #