


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 01, 2008 8:00 am
Secretary of State

08-01-2008 90004 017 ***138.75

DOCUMENT # L06000078221	
1. Entity Name 160 COLUMBIA PROPERTIES, LLC	

Principal Place of Business 2202 NORTH WEST SHORE BOULEVARD SUITE 200 TAMPA, FL 33607	Mailing Address 2202 NORTH WEST SHORE BOULEVARD SUITE 200 TAMPA, FL 33607
--	--

50009031



07092008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-5375372	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EICHOLTZ, KIRK D ESQUIRE
 2202 NORTH WEST SHORE BOULEVARD
 SUITE 200
 TAMPA, FL 33607

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: 7-9-08

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.
(Due by September 12, 2008)

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EICHOLTZ, KIRK D ESQUIRE
STREET ADDRESS	2202 NORTH WEST SHORE BOULEVARD, SUITE 200
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:  DATE: 7-9-08 DAYTIME PHONE: 813-639-7583

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE