

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90017 048 ****50.00

DOCUMENT # L01000014973

1. Entity Name

TAMPA PALMS SHOPPING PLAZA, L.L.C.

DO NOT WRITE IN THIS SPACE

936153

2. Principal Place of Business

820 Morris Turnpike

3. Mailing Address

820 Morris Turnpike

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

DO NOT WRITE IN THIS SPACE

City & State

Short Hills, NJ

City & State

Short Hills, NJ

4. FEI Number

59-3743081

Applied For

Not Applicable

Zip

07078

Country

USA

Zip

07078

Country

USA

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

7. Name and Address of Current Registered Agent

Name

New Tampa, Inc.

Street Address (P.O. Box Number is Not Acceptable)

Warren Kinsler

6000 Compton Estates Way

City

Tampa

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

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

MGRM
Wilf, Zygmunt
820 Morris Turnpike
Short Hills, NJ 07078

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

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

MGRM
Wilf, Leonard
820 Morris Turnpike
Short Hills, NJ 07078

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

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

MGRM
Wilf, Mark
820 Morris Turnpike
Short Hills, NJ 07078

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

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

MGRM
Kinsler, Warren
6000 Compton Estates Way
Tampa, Florida 33647

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

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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 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 60B, Florida Statutes.

SIGNATURE: By

Warren Kinsler, Managing Member 3/29/02

813/910-79144

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

Date

Daytime Phone #

CR2E083B (12/01)