

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90120 022 ***138.75

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

600006100



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3743081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INGLIS, JOHN S
SHUMAKER, LOOP & KENDRICK, LLP
101 E. KENNEDY BLVD., STE. 2800
TAMPA, FL 33602

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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, FL 33647

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: _____

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

Date

Daytime Phone #

Warren Kinsler

1-28-08

(813) 910-7914