

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000004410

1. Entity Name
SACHSENFONDS TAMPA REALTY, INC.



Principal Place of Business
**C/O HVB CAPITAL MARKETS, INC.
150 EAST 42ND ST., STE. 3100
NEW YORK, NY 10017**

Mailing Address
**C/O HVB CAPITAL MARKETS, INC.
150 EAST 42ND ST., STE. 3100
NEW YORK, NY 10017**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2056036

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**000000087053
03/12/04-80048-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CT
SCHMIDT, KLAUS D
HANS-STIESSBERGER-STR. 2A
85540 HAARB MUENCHEN GERMANY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PELZ, SUSANNE
HANS-STIESSBERGER-STR. 2A
85540 HAARB MUENCHEN GERMANY,**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
BARTKIEWICZ, ALFRED A
150 E. 42ND ST., STE. 3100
NEW YORK, NY 10017**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CUMMINGS, J. GREER JR.
414 UNION ST., STE. 1600
NASHVILLE, TN 37219**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

Date

112-672-5774

Daytime Phone #