

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000012824**

1. Entity Name  
**FIRST TAMPA CHELSEA, LLC**



Principal Place of Business  
**1525 WEST HILLSBOROUGH AVENUE  
TAMPA, FL 33603**

Mailing Address  
**1525 WEST HILLSBOROUGH AVENUE  
TAMPA, FL 33603**

**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3703310**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**REIBER, SAM I  
601 E. TWIGGS STREET, SUITE 200  
TAMPA, FL 33602**

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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's signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
**P  
ARTZIBUSHEU, DIMITRI  
1525 WEST HILLSBOROUGH AVENUE  
TAMPA, FL 33603**

TITLE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

TITLE  
NAME  
STREET ADDRESS  
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CITY, ST, ZIP

U000000137216  
04/29/04-80030-022 50.00

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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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Overtime Phone #

*Dimitri Artzibushev, authorized rep. 4/23/04 813.287-0529*