

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006297

Entity Name: WEINBERG VILLAGE LLC

FILED  
Apr 21, 2008  
Secretary of State

**Current Principal Place of Business:**

13005 COMMUNITY CAMPUS DRIVE  
TAMPA, FL 33625

**New Principal Place of Business:**

**Current Mailing Address:**

601 BAYSHORE BOULEVARD, STE 700  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARNETT, LESLIE J  
601 BAYSHORE BLVD., SUITE 700  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P ( ) Delete  
Name: MISH, JUDITH  
Address: 13005 COMMUNITY CAMPUS DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: S ( ) Delete  
Name: ZIELONKA, PAULA  
Address: 13005 COMMUNITY CAMPUS DRIVE  
City-St-Zip: TAMPA, FL 33625

**ADDITIONS/CHANGES:**

Title: P (X) Change ( ) Addition  
Name: WEINBERG, STEPHEN  
Address: 13005 COMMUNITY CAMPUS DRIVE  
City-St-Zip: TAMPA, FL 33625

Title: S (X) Change ( ) Addition  
Name: WEINSTIEN, CAROL  
Address: 13005 COMMUNITY CAMPUS DRIVE  
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN WEINBERG

P

04/21/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date