

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L01000009341					
1. Entity Name EMERALD POINTE AT TAMPA PALMS, LLC					
Principal Place of Business 6000 COMPTON ESTATES WAY TAMPA, FL 33647			Mailing Address 6000 COMPTON ESTATES WAY TAMPA, FL 33647		
2. Principal Place of Business 1050 A ELW PKWY Suite, Apt. #, etc.		3. Mailing Address 1050 A ELW PKWY Suite, Apt. #, etc.		 04-04-05 90421 032 \$61.25 04122005 Chg-LLC CR2E083 (10/03)	
City & State OLDSMAR FL Zip 34677 Country USA		City & State OLDSMAR FL Zip 34677 Country USA		4. FEI Number 59-3724254	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent INGLIS, JOHN S ESQ. SHUMAKER, LOOP & KENDRICK, LLP 101 E. KENNEDY BLVD., STE. 2800 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name: <u>SEANNAVINO, INC.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1050 A ELW PARKWAY</u> City: <u>OLDSMAR</u> FL Zip Code: <u>34677</u>		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstalling) DATE: _____					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILF, ZYGMUNT 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEOMAN-SNELL GAIL 16313 WORCHESTER PALMS CT. TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILF, LEONARD 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOREN DIANE 16310 WORCHESTER PALMS CT. TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILF, MARK 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JD BROWN KESIA 6206 CLIFTON PALMS DR. TAMPA, FL 33647	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINSLER, WARREN 6000 COMPTON ESTATES WAY TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>4/19/05</u> Daytime Phone # _____		



MANAGEMENT AND ASSOCIATES

April 22, 2005

Sean Toner
Senior Section Administrator
Florida Department of State
Division of Corporations
P.O. Bo 6327
Tallahassee, FL 32314

Re: Emerald Pointe at Tampa Palms, LLC
Reference Number: L01000009341

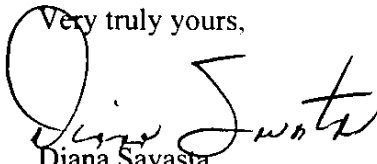
Dear Mr. Toner:

Enclosed please find an amended annual report for the referenced association. Upon receipt of your letter dated April 7, 2005 stating the report had already been filed, it was the decision of the association to file an amended report since turnover from the developer has taken place and they are now working with a management company.

Also enclosed is the application for refund. I have changed the amount to \$11.25 since the cost of the amended AR is \$50.00.

Should you have any questions regarding the enclosed, please feel free to call me at 727-789-1284, extension 235.

Very truly yours,



Diana Savasta
Office Manager

DS/hs
Enclosures: (as stated)