

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000009341

1. Entity Name
EMERALD POINTE AT TAMPA PALMS, LLC



Principal Place of Business
6000 COMPTON ESTATES WAY
TAMPA, FL 34677

Mailing Address
6000 COMPTON ESTATES WAY
TAMPA, FL 34677

DO NOT WRITE IN THIS SPACE



01082007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3724254	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

INGLIS, JOHN S
SHUMAKER, LOOP & KENDRICK, LLP
101 E KENNEDY BLVD., SUITE 2800
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 signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KINSLER, WARREN 6000 COMPTON ESTATES WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILF, ZYGMUNT 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILF, LEONARD 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILF, MARK 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000530588
01/18/07-80060-022 50.00

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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: *Warren Kinsler* **WARREN KINSLER** 1-16-07 (813) 910-7914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #