


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L01000009341</b> 1. Entity Name EMERALD POINTE AT TAMPA PALMS, LLC	
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Principal Place of Business 6000 COMPTON ESTATES WAY TAMPA, FL 34677	Mailing Address 6000 COMPTON ESTATES WAY TAMPA, FL 34677
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC CR2E083 (11/05)

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

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 1-16-07 (813) 910-7914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #