

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000014973

1. Entity Name

TAMPA PALMS SHOPPING PLAZA, L.L.C.



Principal Place of Business

820 MORRIS TURNPIKE, STE. 301
SHORT HILLS NJ

Mailing Address

1163 RT 22 EAST
MOUNTAINSIDE NJ 07092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/06)

4. FEI Number 59-3743081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NEW TAMPA, INC.
WARREN KINSLER
6000 COMPTON ESTATES WAY
TAMPA FL 33647

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME WILF, ZYGMUNT ☐ Delete
STREET ADDRESS 820 MORRIS TURNPIKE #301
CITY- ST- ZIP SHORT HILLS NJ 07078

TITLE
NAME 000000572881 ☐ Change ☐ Addition
STREET ADDRESS 08/01/06-80003-018 50.00
CITY- ST- ZIP

TITLE MGRM
NAME WILF, LEONARD ☐ Delete
STREET ADDRESS 820 MORRIS TURNPIKE #301
CITY- ST- ZIP SHORT HILLS NJ 07078

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE MGRM
NAME WILF, MARK ☐ Delete
STREET ADDRESS 820 MORRIS TURNPIKE #301
CITY- ST- ZIP SHORT HILLS NJ 07078

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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:

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

Date

Daytime Phone #

Edith Goldberger 7-25-06