

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000003510**

1. Entity Name

BUCKINGHAM AT TAMPA PALMS, LLC



Principal Place of Business

6000 COMPTON ESTATES WAY  
TAMPA, FL 33647

Mailing Address

P.O. BOX 46189  
TAMPA, FL 33647-6189



01092006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0597806

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

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

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

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

000000399771  
02/01/06-80027-006 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:**

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

Date

Daytime Phone #

WARREN KINSLER

1/10/06

(813) 910-7914