

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2008 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



01072008 No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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
MGRM
KINSLER, WARREN
6000 COMPTON ESTATES WAY
TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000735863
01/29/08-80009-004 138.75

**DO NOT WRITE
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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-18-08 (813) 910-7914