

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90019 035 \*\*\*\*50.00

**DOCUMENT # L02000009271**

**1. Entity Name**  
**FIRST TAMPA PINELLAS GARDENS, LLC**



**Principal Place of Business**  
**1525 WEST HILLSBOROUGH AVENUE**  
**TAMPA, FL 33603**

**Mailing Address**  
**1525 WEST HILLSBOROUGH AVENUE**  
**TAMPA, FL 33603**

**20049766**



01262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**43-1965299**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐

**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**REIBER, SAM I ESQ**  
**601 E TWIGGS ST., SUITE 200**  
**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** P  
**NAME** ARTZIBUSHEV, DIMITRI  
**STREET ADDRESS** 1525 W HILLSBOROUGH AVE  
**CITY- ST- ZIP** TAMPA, FL 33603

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**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.**

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

**DIMITRI ARTZIBUSHEV 4-20-05 813-237-0529**