

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-27-2005 90019 037 \*\*\*\*50.00

**DOCUMENT # L02000009272**

**1. Entity Name**

**FIRST TAMPA HARBOR GROVE, LLC**



**Principal Place of Business**

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

**Mailing Address**

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

**20049761**



01262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**93-1965296**

**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-STATE-ZIP TAMPA, FL 33603**

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CITY-STATE-ZIP**

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CITY-STATE-ZIP**

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IN THIS SPACE**

**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 recorder 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

**DIMITRI ARTZIBUSHEV**

Date

Daytime Phone

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