

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032567

FILED
Apr 27, 2009
Secretary of State

Entity Name: NEW TAMPA PROPERTIES, LLC

Current Principal Place of Business:

401 NORTH HOWARD AVENUE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

KOEHLER & COMPANY PA
401 NORTH HOWARD AVENUE
TAMPA, FL 33606

New Mailing Address:

FEI Number: 74-3071549

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEHLER, KEITH W
KOEHLER & COMPANY PA
401 NORTH HOWARD AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BEKHOR, DAVID
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: CARROLL, DAVID R
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

Title: MGRM () Delete
Name: MESSINA, ANDREW
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: NANNI, MARK D
Address: 401 NORTH HOWARD AVENUE
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK D NANNI

MGR

04/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date