

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90054 008 ****50.00

DOCUMENT # L03000001362

1. Entity Name
ALL TAMPA PROPERTIES LLC



Principal Place of Business
**9112 WOODRIDGE RUN DR
TAMPA, FL 33647**

Mailing Address
**9112 WOODRIDGE RUN DR
TAMPA, FL 33647**

DO NOT WRITE IN THIS SPACE



04152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0501478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ULBRICH, JEFFREY L
9112 WOODRIDGE RUN DRIVE
TAMPA, FL 33647**

**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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-05
DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GRUNHALGH , ROBERT L <i>Greenhalgh</i>
STREET ADDRESS	18135 LONGWATER RUN DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGRM
NAME	ULBRICH, JEFFERY L
STREET ADDRESS	9112 WOODRIDGE RUN DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MGRM
NAME	CARLSON, CRAIG A
STREET ADDRESS	9336 DEERCREEK DR
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

4-15-05

Daytime Phone #