

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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**



02102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

4/6/08

DATE

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

000000887347
04/21/08-80016-019 150.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KCH CONSULTING
18135 LONGWATER RUN DRIVE
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ULBRICH VENTURES, INC.
9112 WOODRIDGE RUN DR
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CARLSON, CRAIG A
81 ALLEN AVENUE
MANASQUAN, NJ 08736**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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

4/6/08

Date

813-972.2555

Daytime Phone #