

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000006643 1. Entity Name FIRST TAMPA CYPRESS COVE, LLC	
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Principal Place of Business 1525 WEST HILLSBOROUGH AVE. TAMPA, FL 33603	Mailing Address 1525 WEST HILLSBOROUGH AVE. TAMPA, FL 33603
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02282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1656025	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

**REIBER, SAM I ESQ.
LINSKY & REIBER
3821 HENDERSON BLVD.
TAMPA, FL 33629-5013**

**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, 2006**

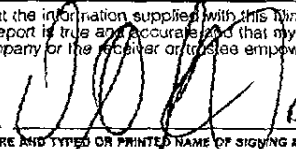
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ARTZIBUSHEV, DIMITRI 1525 W. HILLSBOROUGH AVENUE TAMPA, FL 33603
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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 partner or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Dimitri Artzibushev** **3/30/06** **813-237-0529**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #