


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

04-27-2005 90019 032 \*\*\*\*50.00

<b>DOCUMENT # L03000016174</b> 1. Entity Name <b>FIRST HARBOR PROPERTIES, LLC</b>	
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Principal Place of Business <b>1525 W. HILLSBOROUGH AVENUE TAMPA, FL 33603 US</b>	Mailing Address <b>1525 W. HILLSBOROUGH AVENUE TAMPA, FL 33603 US</b>
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**20049769**



01262005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0475032</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>REIBER, SAM I ESQ. 3821 HENDERSON BOULEVARD TAMPA, FL FL</b>
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**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 NAME STREET ADDRESS CITY- ST- ZIP	MGRM ARTZIBUSHEV, DIMITRI 1525 W. HILLSBOROUGH AVENUE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WILLENBACKER, MICHAEL A 1525 W. HILLSBOROUGH AVENUE TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM PAWELKOP, STEVEN C 3202 W. HARBOR VIEW AVENUE TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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

**DIMITRI ARTZIBUSHEV**

Date

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

Daytime Phone #