

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000016174

1. Entity Name
FIRST HARBOR PROPERTIES, LLC



Principal Place of Business
**1525 W. HILLSBOROUGH AVENUE
TAMPA, FL 33603 US**

Mailing Address
**1525 W. HILLSBOROUGH AVENUE
TAMPA, FL 33603 US**



02282006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0475032

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**REIBER, SAM I ESQ.
3821 HENDERSON BOULEVARD
TAMPA, FL FL**

**DO NOT WRITE
IN THIS SPACE**

3. 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
**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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**U00000541361
05/10/06-80056-011 50.00**

**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

Date

Daytime Phone #

DIMITRI ARTZIBUSHEV

3/30/06

883-237-0529