

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000018876

**FILED**  
**Aug 02, 2012**  
**Secretary of State**

**Entity Name:** TAMPA PARTNERS PROPERTIES, LLC

**Current Principal Place of Business:**

139 MOON SHADOW TRAIL  
BLAIRSVILLE, GA 30512

**New Principal Place of Business:**

**Current Mailing Address:**

139 MOON SHADOW TRAIL  
BLAIRSVILLE, GA 30512

**New Mailing Address:**

**FEI Number:** 01-0792224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHECHT, NEIL S  
3630 WEST KENNEDY BLVD.  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: O'CONNELL, JERRY  
Address: 139 MOON SHADOW TRAIL  
City-St-Zip: BLAIRSVILLE, GA 30512

Title: MGRM  
Name: CELEIRO, ARMANDO  
Address: 525 S. 58TH STREET  
City-St-Zip: TAMPA, FL 33619 US

Title: MGRM  
Name: CELEIRO, IRAIDA  
Address: 525 S. 58TH STREET  
City-St-Zip: TAMPA, FL 33619 US

Title: MGRM  
Name: O'CONNELL, IRENE E  
Address: 139 MOON SHADOW TRAIL  
City-St-Zip: BLAIRSVILLE, GA 30512 US

Title: MGRM  
Name: RILEY, COLLEEN  
Address: 1944 CAMELIA OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ARMANDO CELEIRO

MGRM

08/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date