## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017712

Entity Name: TAMPA HEIGHTS PROPERTIES, L.L.C.

FILED Feb 14, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

ONE TAMPA CITY CENTER, STE 2600 ONE TAMPA CITY CENTER TAMPA, FL 33602

SUITE 2600

TAMPA, FL 33602

**Current Mailing Address:** New Mailing Address:

ONE TAMPA CITY CENTER ONE TAMPA CITY CENTER, STE 2600 TAMPA, FL 33602 SUITE 2600

TAMPA, FL 33602 US

ANGELICI, LINA C ESQ

WILLIAMS SCHIFINO MANGIONE & STEADY, PA

FEI Number: 20-3107528 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ANGELICI, LINA ESQ WILLIAMS SCHIFINO MANGIONE & STEADY, PA ONE TAMPA CITY CENTER, STE 2600

ONE TAMPA CITY CENTER, STE 2600 TAMPA, FL 33602 US TAMPA, FL 33602 US

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: /S/ LINA C. ANGELICI, ESQ. 02/14/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change ( ) Addition

SCHIFINO, WILLIAM J MG MBR SCHIFINO, WILLIAM J ESQ. Name: Name: Address: ONE TAMPA CITY CENTER, STE. 2600 Address: ONE TAMPA CITY CENTER, STE. 2600

City-St-Zip: TAMPA, FL 33602 US City-St-Zip: TAMPA, FL 33602 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further 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: /S/ WILLIAM J. SCHIFINO, JR., ESQ. 02/14/2006