

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90062 034 ***138.75

60007767



01242008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000017712 1. Entity Name TAMPA HEIGHTS PROPERTIES, L.L.C.																													
Principal Place of Business ONE TAMPA CITY CENTER SUITE 3200 TAMPA, FL 33602 US			Mailing Address ONE TAMPA CITY CENTER SUITE 3200 TAMPA, FL 33602 US																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 20-3107528																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent ANGELICI, LINA ESQ ← delete WILLIAMS SCHIFINO MANGIONE & STEADY, PA ONE TAMPA CITY CENTER, STE 3200 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Lina Angelici Street Address (P.O. Box Number is Not Acceptable) Williams Schifino Mangione + Steady, PA One Tampa City Center, Ste 3200 City Tampa, FL Zip FL 33602																										
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 Registered Agent DATE 1/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)</small>																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">MGR</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHIFINO, WILLIAM J. ESQ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ONE TAMPA CITY CENTER, STE. 3200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMPA, FL 33602</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	SCHIFINO, WILLIAM J. ESQ		STREET ADDRESS	ONE TAMPA CITY CENTER, STE. 3200		CITY-ST-ZIP	TAMPA, FL 33602		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 80%;">MGR</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>William J Schifino Jr.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>One Tampa City Center, Ste 3200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33602</td> <td></td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	William J Schifino Jr.		STREET ADDRESS	One Tampa City Center, Ste 3200		CITY-ST-ZIP	Tampa, FL 33602	
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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 receiver or trustee empowered to execute this report as required by Chapter 888, Florida Statutes.																													
SIGNATURE: Authorized Agent DATE 1/28/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													