

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000025144

1. Entity Name
TAMPA PALMS SHOPPING PLAZA II, LLC



Principal Place of Business
**6000 COMPTON ESTATES WAY
TAMPA, FL 33647**

Mailing Address
**P.O. BOX 46189
TAMPA, FL 33647-6189**



01082007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4297405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**INGLIS, JOHN S ESQ.
C/O SHUMAKER, LOOP & KENDICK, LLP
101 E. KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602**

**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 reinitiating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILF, ZYGMUNT
820 MORRIS TURNPIKE
SHORT HILLS, NJ 07078**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILF, LEONARD
820 MORRIS TURNPIKE
SHORT HILLS, NJ 07078**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WILF, MARK
820 MORRIS TURNPIKE
SHORT HILLS, NJ 07078**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KINSLER, WARREN
6000 COMPTON ESTATES WAY
TAMPA, FL 33647**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000580554
01/18/07-80060-019 50.00

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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

Warren Kinsler

Date

Daytime Phone #

1-16-07 (813) 910-7914