



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90036 037 ****50.00

DOCUMENT # L04000043766 1. Entity Name KIST PROPERTIES OF TAMPA PALMS, LLC					
Principal Place of Business 9619 NORCHESTER CIRCLE TAMPA, FL 33647			Mailing Address 9619 NORCHESTER CIRCLE TAMPA, FL 33647		
2. Principal Place of Business <i>5301 Technology Dr.</i>		3. Mailing Address <i>5301 Technology Dr.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04272005 Chg-LLC CR2E083 (10/03)	
City & State <i>Tampa FL</i>		City & State <i>Tampa FL</i>		4. FEI Number <i>20-1318988</i>	
Zip <i>33647</i>		Zip <i>33647</i>		Country <i>USA</i>	
Country <i>USA</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANIGAN, DAVID C J.D.LLM DAVID LANIGAN, P.A. 10927 NORTH 56TH STREET TAMPA, FL 33617-3000				7. Name and Address of New Registered Agent Name <i>James R. Kist</i> Street Address (P.O. Box Number is Not Acceptable) <i>5301 Technology Dr.</i> City <i>TAMPA</i> FL <i>33647</i>	
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 <i>James R. Kist</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <i>4-27-05</i>	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>James R. Kist</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <i>4-27-05</i> Daytime Phone # <i>813-972-3033</i>	