

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000043766

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** KIST PROPERTIES OF TAMPA PALMS, LLC

**Current Principal Place of Business:**

5301 TECHNOLOGY DR  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

5301 TECHNOLOGY DR  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 20-1318988

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIST, JAMES R  
5301 TECHNOLOGY DR  
TAMPA, FL 33647yu US

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

KIST, JAMES R  
5301 TECHNOLOGY DR  
TAMPA, FL 33647 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: JAMES R. KIST

04/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: SH ( ) Delete  
Name: KIST, JAMES R  
Address: 5301 TECHNOLOGY DR  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title: SH (X) Change ( ) Addition  
Name: KIST, JAMES R  
Address: 5301 TECHNOLOGY DR  
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. 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: JAMES R. KIST

SH

04/27/2006

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