



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90485 018 ****50.00

DOCUMENT # L04000043766 1. Entity Name KIST PROPERTIES OF TAMPA PALMS, LLC																																									
Principal Place of Business 5301 TECHNOLOGY DR TAMPA, FL 33647			Mailing Address 5301 TECHNOLOGY DR TAMPA, FL 33647																																						
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		01152007 Chg-LLC CR2E083 (12/06)																																					
4. FEI Number 20-1318988				Applied For <input type="checkbox"/> Not Applicable																																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent KIST, JAMES R 5301 TECHNOLOGY DR TAMPA, FL 33647																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																					
Filing Fee is \$50.00 Due by May 1, 2007		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:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>SH KIST, JAMES R</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5301 TECHNOLOGY DR</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>TAMPA, FL 33647</td> <td></td> </tr> </table>		TITLE	NAME	Delete	NAME	SH KIST, JAMES R	<input type="checkbox"/>	STREET ADDRESS	5301 TECHNOLOGY DR		CITY - ST - ZIP	TAMPA, FL 33647																									
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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 608, Florida Statutes.																																									
SIGNATURE: <u>James R Kist CPA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>3-6-07</u> <u>813-972-3033</u> <small>Date Daytime Phone #</small>																																					