

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90344 040 ****50.00

DOCUMENT # L04000056384

1. Entity Name
INTOWN PROPERTIES, LLC



Principal Place of Business
**2111 NORTH ALBANY AVENUE
TAMPA, FL 33607-3003**

Mailing Address
**2111 NORTH ALBANY AVENUE
TAMPA, FL 33607-3003**

00033811

2. Principal Place of Business - No P.O. Box #
2014 N ALBANY AVE
Suite, Apt. #, etc.

3. Mailing Address
2014 N ALBANY AVE
Suite, Apt. #, etc.

01082007 Chg-LLC CR2E083 (12/06)

City & State
TAMPA, FL 32607

City & State
TAMPA, FL

4. FEI Number
32-0122679

Applied For
Not Applicable

Zip
33607 Country
HILLSBOROUGH

Zip
33607 Country
HILLSBOROUGH

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CADDICK, TERESA P MGRM
2111 NORTH ALBANY AVENUE
TAMPA, FL 33607**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
CADDICK, TERESA P
4016 WEST INMAN AVENUE
TAMPA, FL 336094420** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
TURANCHIK, EDWIN J
1250 KRENTAL AVENUE
TAMPA, FL 336093810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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TITLE
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CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/4/07

Date

813-253-0050

Daytime Phone #