

DOCUMENT # L04000065246

FIRST TAMPA SABAL POINTE, LLC



FILED Apr 30, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

1525 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603 US

1525 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603 US



04052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 35-2238990

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ARTZIBUSHEV. DIMITRI 1525 WEST HILLSBOROUGH AVENUE TAMPA, FL 33629

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 reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		

FIRST TAMPA DEVELOPMENT CORP. 1525 WEST HILLSBOROUGH AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33603 TITLE NAME STREET ADDRESS CITY-ST-ZIP

U00000743115 05/15/07-80096-015 50.00

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STREET ADDRESS CITY-ST-ZIP STREET ADDRESS

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 further empowered to execute this report as required by Chapter 608, Florida Statutes

NAME

NAME

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP