2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000065246

1. Entity Name
FIRST TAMPA SABAL POINTE, LLC

Principal Place of Business	Mailing Address
1525 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603 US	1525 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603 US

DO NOT WRITE IN THIS SPACE

04222008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
35-2238990	Not Applicable

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

6. Name and Address of Current Registered Agent

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000937217
05/27/08-80042-004 138.75

9.   MANAGING MEMBERS/MANAGERS

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 _____ Dimitri Artzibushev pres: Auth.Rp- 4/25/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #