

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90294 036 ****50.00

DOCUMENT # L04000072849

1. Entity Name
HEIGHTS OF TAMPA, LLC



Principal Place of Business
**6508 EAST FOWLER AVENUE
TAMPA, FL 33617-2406**

Mailing Address
**6508 EAST FOWLER AVENUE
TAMPA, FL 33617-2406**



02022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
35-2241151

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BAHLKE, WILLIAM P
6508 E. FOWLER AVENUE
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BISHOP, WILLIAM L
6508 E. FOWLER AVENUE
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CROSS, GLENN E
6508 E. FOWLER AVENUE
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SCHARAR, ROBERT W
6508 E. FOWLER AVENUE
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WALLACE, DONALD W
6508 E. FOWLER AVENUE
TAMPA, FL 33617**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRADEN, RANDY
6508 E. FOWLER AVENUE
TAMPA, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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: _____

WILLIAM L. BISHOP

3/17/06 813-891-6145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #