

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

**DOCUMENT # L05000049096**

1. Entity Name

FIRST TAMPA HIDDEN BAYOU, LLC



Principal Place of Business

1525 WEST HILLSBOROUGH AVENUE  
TAMPA, FL 33603 US

Mailing Address

1525 WEST HILLSBOROUGH AVENUE  
TAMPA, FL 33603 US

**DO NOT WRITE IN THIS SPACE**



04052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

11-3758310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REIBER, SAM I  
3821 HENDERSON BLVD  
TAMPA, FL 33603

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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

NAME

FIRST TAMPA DEVELOPMENT CORPORATION

STREET ADDRESS

1525 WEST HILLSBOROUGH AVE.

CITY-ST-ZIP

TAMPA, FL 33603

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

U00000743093  
05/15/07-80096-009 50.00

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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:**

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

Date

Daytime Phone #

*[Signature]* *Plus Anthony Igo* *Dimitar ARTZIBUSHER* *4/10/07* *813-239-1103*