## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L06000060384

1. Entity Name

FIRST TAMPA BROADWAY, LLC



Principal Place of Business

Mailing Address

1525 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603

1525 WEST HILLSBOROUGH AVENUE

TAMPA, FL 33603

## **FILED** Apr 30, 2008 08:00 AN Secretary of State



04222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2594249	_	Applied For
30-2594249		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 33603

## DO NOT WRITE IN THIS SPACE

<ol><li>The above the obligat</li></ol>	named entity submits this statement for the purpose of changings of registered agent.	ging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75		U00000936909 05/27/00, 20000, 004, 400 75
9.	MANAGING MEMBERS/MANAGERS		<del>03/ 61/00/ 00023-004 138. 1</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIRST TAMPA DEVELOPMENT CORPORATION 1525 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603		
NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	S SPACE
MAME STREET ADDRESS CHY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not q on this report is the and accurate and that my signature sh bility company or the reverse of fuster empowered to exec	ualify for the exemptions contained in Chapter 119, Florida all have the same legal effect as if made under oath; that I tute this report as required by Chapter 608, Florida Statuter	Statutes, I further certify that the information am a managing member or manager of the s.

PO NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE