2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000078221

Entity Name

160 COLUMBIA PROPERTIES, LLC



Principal Place of Business

2202 NORTH WEST SHORE BOULEVARD

SUITE 200

TAMPA, FL 33607

Mailing Address

2202 NORTH WEST SHORE BOULEVARD

SUITE 200

TAMPA, FL 33607

FILED Aug 01, 2008 8:00 am Secretary of State

08-01-2008 90004 017 ***138.75

50009031



07092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-5375372		Not Applicabl
5. Certificate of Status Desired	\$5.00 Fee Req	Additional uired

6. Name and Address of Current Registered Agent

EICHOLTZ, KIRK D ESQUIRE 2202 NORTH WEST SHORE BOULEVARD SUITE 200 TAMPA, FL 33607 DO NOT WRITE IN THIS SPACE

•	4		
	named entity submits this statement. The purces of changing its register ions of registered agear.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registry organs, and title if applicable (NOTE: Registere	rd Agent signature required when reinstating) DATE	
tFILI (Due	E NOWIII FEE IS \$138.75 In Secondance with s. 607.1 liability company did not recommend to the secondance with secondarce with secondance with secondance with secondance with secondarce with	.93(2)(b), F.S., the limited ceive the prior notice.	
	MANAGING MEMBERS/MANAGERS		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM EICHOLTZ, KIRK D ESQUIRE 2202 NORTH WEST SHORE BOULEVARD, SUITE 200 TAMPA, FL 33607		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS GITY-SI-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE			

11. I hereby certify that the information supplied with this filling 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 true pignature 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 received or true to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

7-9-08

813-639-7583