

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jun 18, 2008 8:00 am
Secretary of State

05-02-2008 90013 038 ***150.00

DOCUMENT # L07000069043

1. Entity Name

ICEHOUSE PROPERTIES OF TAMPA, LLC



Principal Place of Business

803 EAST WASHINGTON STREET
TAMPA FL 33602

Mailing Address

POST OFFICE BOX 3272
TAMPA FL 33601-3272

2. Principal Place of Business - No P.O. Box #
109 N. Brush Street

3. Mailing Address
P.O. Box 3272

Suite, Apt. #, etc.
Suite 160

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33602

Country
USA

Zip
33601

Country
USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

51-0115384

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSTON, TRACY
803 EAST WASHINGTON STREET 109 N. Brush ST
TAMPA FL 33602 Suite 160

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 TRACY JOHNSTON

4-18-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME MANAGER
STREET ADDRESS TRACY JOHNSTON
CITY-ST-ZIP 109 N. BRUSH ST Suite 160
TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Tracy Johnston

4-18-2008
2/4/2008

813-229-0161

Date

Daytime Phone #

ATTACHMENT
30009469
#C07000069043

June 16, 2008

Returned herewith please find report showing that Tracy Johnston, is the Manager for Icehouse Properties, a Limited Liability Company.

Please note that Ms. Johnston business has relocated from 803 East Washington, Tampa, Florida 33602

To: **109 North Brush Street, Tampa, FL 33602**

Thank you.
