

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000013523

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** TAMPA REAL-ESTATE MANAGING AND HOLDING LLC

**Current Principal Place of Business:**

C/O MITCHELL S. POLANSKY, P.A.  
999 BRICKELL AVENUE, SUITE 600  
MIAMI, FL 33131

**New Principal Place of Business:**

999 BRICKELL AVENUE  
SUITE 600  
MIAMI, FL 33131

**Current Mailing Address:**

C/O MITCHELL S. POLANSKY, P.A.  
999 BRICKELL AVENUE, SUITE 600  
MIAMI, FL 33131

**New Mailing Address:**

999 BRICKELL AVENUE  
SUITE 600  
MIAMI, FL 33131

**FEI Number:** 26-4234643      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MITCHELL S. POLANSKY, P.A.  
999 BRICKELL AVENUE, SUITE 600  
MIAMI, FL 33131      US

**Name and Address of New Registered Agent:**

MITCHELL SETH POLANSKY, P.A.  
999 BRICKELL AVENUE  
SUITE 600  
MIAMI, FL 33131      US

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.

SIGNATURE: MITCHELL S. POLANSKY

05/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHACHAR, OFFER  
Address: 999 BRICKELL AVENUE, SUITE 600  
City-St-Zip: MIAMI, FL 33131

Title: MGR  
Name: BARANOVSKI, SHLOMO  
Address: 999 BRICKELL AVENUE, SUITE 600  
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: OFFER CHACHAR

MGR

05/02/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date