

2000 UNIFORM BUSINESS REPORT (UBR)

001087 AF

DOCUMENT # L99000004352
 1. Entity Name
ENCLAVE AT TAMPA PALMS, LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 FEB -9 AM 10: 03

Principal Place of Business Mailing Address
 6000 COMPTON ESTATES WAY 6000 COMPTON ESTATES WAY
 TAMPA FL 33647 TAMPA FL 33647-1507



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 INGLIS, JOHN S ESQ
 SHUMAKER, LOOP & KENDRICK, LLP
 101 E KENNEDY BLVD SUITE 2800
 TAMPA FL 33602

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILF, ZYGMUNT	
STREET ADDRESS	820 MORRIS TURNPIKE	
CITY-ST-ZIP	SHORT HILLS NJ 07078	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILF, LEONARD	
STREET ADDRESS	820 MORRIS TURNPIKE	
CITY-ST-ZIP	SHORT HILLS NJ 07078	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILF, MARK	
STREET ADDRESS	820 MORRIS TURNPIKE	
CITY-ST-ZIP	SHORT HILLS NJ 07078	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KINSLER, WARREN	
STREET ADDRESS	6000 COMPTON ESTATES WAY	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

Handwritten: *mj 2/16/00*

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 *****50.00 Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Warren Kinsler, Manager/Member 01/31/2000 813/910-7914
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)