

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000004352

1. Entity Name
ENCLAVE AT TAMPA PALMS, LLC



Principal Place of Business
6000 COMPTON ESTATES WAY
TAMPA, FL 33647

Mailing Address
6000 COMPTON ESTATES WAY
TAMPA, FL 33647



01032005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3588257

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000202586
01/28/05-80120-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILF, ZYGMUNT
820 MORRIS TURNPIKE
SHORT HILLS, NJ 07078

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILF, LEONARD
820 MORRIS TURNPIKE
SHORT HILLS, NJ 07078

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
WILF, MARK
820 MORRIS TURNPIKE
SHORT HILLS, NJ 07078

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KINSLER, WARREN
6000 COMPTON ESTATES WAY
TAMPA, FL 33647

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

WARREN KINSLER

1-1705

(813) 910-7914