

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2006 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



01092006 No Chg-LLC

CR2E083 (11/05)

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

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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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	WILF, ZYGMUNT
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	MGRM
NAME	WILF, LEONARD
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	MGRM
NAME	WILF, MARK
STREET ADDRESS	820 MORRIS TURNPIKE
CITY-ST-ZIP	SHORT HILLS, NJ 07078
TITLE	MGRM
NAME	KINSLER, WARREN
STREET ADDRESS	6000 COMPTON ESTATES WAY
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000399763
02/01/06-80027-003 50.00

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11. I hereby certify that the information supplied with this filing 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 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 #