A Part

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000004352

1. Entity Name

ENCLAVE AT TAMPA PALMS, LLC



Principal Place of Business

TAMPA, FL 33647

6000 COMPTON ESTATES WAY

Mailing Address
6000 COMPTON ESTATES WAY

TAMPA, FL 33647

FILED Jan 18, 2007 08:00 AM Secretary of State



01082007 No Chg-LLC

CR2E083 (11/05)

Fee Required

4. FEI Number Applied For S9-3588257 Not Applicable

5. Certificate of Status Desired \$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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	e purpose of changing its registered office of	r 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, 2007

U00000590195 01/18/07-80047-005

Due by May 1, 2007		
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 ADORESS CITY-ST-ZIP	MGRM KINSLER, WARREN 6000 COMPTON ESTATES WAY TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

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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 TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-16-07 (83)

Daytime Ph