

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90116 020 \*\*\*\*50.00

**DOCUMENT # L02000008249**

1. Entity Name

TABBY BUILDING PARTNERS, L.L.C.



Principal Place of Business

2204 SAWGRASS VILLAGE DRIVE  
PONTE VEDRA BEACH FL 32082

Mailing Address

2204 SAWGRASS VILLAGE DRIVE  
PONTE VEDRA BEACH FL 32082

24010282

2. Principal Place of Business

5140 PALM VALLEY RD

3. Mailing Address

5140 PALM VALLEY RD

Suite, Apt. #, etc.

SUITE #13

Suite, Apt. #, etc.

SUITE #13

City & State

PONTE VEDRA BCH, FL

City & State

PONTE VEDRA BCH, FL

Zip

32082

Country

SP. JOHN

Zip

32082

Country

SP. JOHN

MOORE

CR2E083 (11/03)

4. FEI Number

01-0660560

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEAL, BLAKE F III ESQ  
C/O BARTLETT & DEAL, P.A.  
135 PROFESSIONAL DRIVE, SUITE 101  
PONTE VEDRA BEACH FL 32082

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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME POWELL, WILLIAM R  
STREET ADDRESS 2204 SAWGRASS VILLAGE DR  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 ☐ Delete

TITLE MGRM  
NAME ATKINSON, RICHARD  
STREET ADDRESS 1504 BIRKDALE LN  
CITY-ST-ZIP PONTE VEDRA BCH. FL 32082 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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: William R. Powell WILLIAM R. POWELL 2-9-04 904-285-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #