

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031002

FILED  
May 01, 2005  
Secretary of State

**Entity Name:** TEGA CAY DEVELOPMENT, LLC

**Current Principal Place of Business:**

1323 SOUTHEAST THIRD AVE.  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

1323 SOUTHEAST THIRD AVE.  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 20-0165912      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LOVING, JACK R  
1323 SOUTHEAST THIRD AVE.  
FORT LAUDERDALE, FL 33316      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FORMAN, HAMILTON C  
Address: 1524 CORAL RIDGE DR  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM ( ) Delete  
Name: FORMAN, H COLLINS JR  
Address: 1323 SE 3RD AVE  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: COLLINS FORMAN

MGR

05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date