


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L05000058117 1. Entity Name TIFFANY AVENUE, LLC	
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Principal Place of Business 3643 HILLARD RD JACKSONVILLE, FL 32217	Mailing Address 3643 HILLARD RD JACKSONVILLE, FL 32217
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DO NOT WRITE IN THIS SPACE



04092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3011975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

EISENSTEIN, CHYRL
3643 HILLARD RD
JACKSONVILLE, FL 32217

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISENSTEIN, THOMAS 3643 HILLARD RD JACKSONVILLE, FL 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EISENSTEIN, CHYRL 3643 HILLARD RD JACKSONVILLE, FL 32217
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04/19/07-80031-006 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: Chyrl Eisenstein 4/9/07 9047315049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #