

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90122 024 ****50.00



DOCUMENT # L05000068158
 1. Entity Name
TIKAL REAL ESTATE HOLDING I, LLC

Principal Place of Business Mailing Address
 129 DUVAL STREET 129 DUVAL STREET
 KEY WEST FL 33040 KEY WEST FL 33040



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. *P.O. # 1778*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E083 (10/06)

City & State City & State
Key West, Fla.

4. FEI Number Applied For
26-6609271 Not Applicable

Zip Country Zip Country
33041-1778 *US*

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
OROPEZA, SCOTT G CPA
815 PEACOCK PL
KEY WEST FL 33040

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 re-registering) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY ST ZIP	P CREIGHTON WEBB, GEORGE POB 1778 KEY WEST FL 33041-1778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	ST WEBB, BARBARA POB 1778 KEY WEST FL 33041-1778	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	VP WEBB, CHRISTOPHER 576 BUERRERO ST APT 9 SAN FRANCISCO CA 94110	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<i>VP</i> <i>Webb Christopher</i> <i>1104 Coronado Terrace</i> <i>200 Angeles, Ca. 90026</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Barbara Webb* *1/24/07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #