

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 AM 10:47

DOCUMENT # L05000095148 1. Entity Name TAVISTOCK PROPERTIES, LLC	
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Principal Place of Business 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US	Mailing Address 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786 US
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DO NOT WRITE IN THIS SPACE

	
03282008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number NOT APPLICABLE	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 CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301

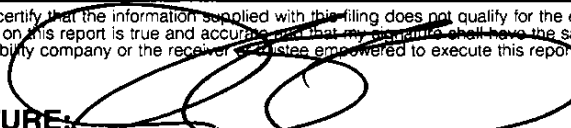
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	400125292574 04/23/08--01026--005 **3965.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAVISTOCK CORPORATION 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRV VOSS, JEFFERSON R 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THAKKAR, RASESH 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIERCY, TYLER 9350 CONROY WINDERMERE ROAD WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Jeff Voss 4/14/08 407-909-9000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>