


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2007 8:00 am**  
**Secretary of State**

03-14-2007 90209 023 \*\*\*\*50.00

**DOCUMENT # L05000118465**

1. Entity Name  
TYLER PROPERTY MANAGEMENT, LLC



Principal Place of Business 721 RIDGEWOOD AVENUE UNIT 12A HOLLY HILL, FL 32117	Mailing Address 721 RIDGEWOOD AVENUE UNIT 12A HOLLY HILL, FL 32117
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1034 Ridgewood Avenue	1034 Ridgewood Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.

Suite #1	Suite #1
City & State	City & State
Holly Hill, FL	Holly Hill, FL

Zip	Country	Zip	Country
32117	USA	32117	USA

02242007 Chg-LLC CR2E083 (12/06)

4. FEI Number	Applied For
20-3917977	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  SNELL LEGAL 700 W. GRANADA BOULEVARD SUITE 107 ORMOND BEACH, FL 32174	<b>7. Name and Address of New Registered Agent</b> <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Name</td> <td></td> </tr> <tr> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>City</td> <td>FL Zip Code</td> </tr> </table>	Name		Street Address (P.O. Box Number is Not Acceptable)		City	FL Zip Code
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR TYLER, STEPHEN W <input type="checkbox"/> Delete 721 RIDGEWOOD AVENUE, UNIT 12A HOLLY HILL, FL 32117	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tyler, Stephen W. Tyler 1034 Ridgewood Avenue Holly Hill, FL 32117
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<input type="checkbox"/> Delete	<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	<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 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.

*Stephen W. Tyler*