

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L05000118465</b> 1. Entity Name <b>TYLER PROPERTY MANAGEMENT, LLC</b>	
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Principal Place of Business <b>721 RIDGEWOOD AVENUE UNIT 12A HOLLY HILL, FL 32117</b>	Mailing Address <b>721 RIDGEWOOD AVENUE UNIT 12A HOLLY HILL, FL 32117</b>
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2. Principal Place of Business - No P.O. Box # <b>1034 Ridgewood Avenue</b> Suite, Apt. #, etc. <b>Suite #1</b> City & State <b>Holly Hill, FL</b> Zip <b>32117</b>	3. Mailing Address <b>1034 Ridgewood Avenue</b> Suite, Apt. #, etc. <b>Suite #1</b> City & State <b>Holly Hill, FL</b> Zip <b>32117</b>	02242007 Chg-LLC CR2E083 (12/06)  4. FEI Number <b>20-3917977</b>
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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  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

<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		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYLER, STEPHEN W		NAME	Tyler, Stephen W. Tyler	
STREET ADDRESS	721 RIDGEWOOD AVENUE, UNIT 12A		STREET ADDRESS	1034 Ridgewood Avenue	
CITY-ST-ZIP	HOLLY HILL, FL 32117		CITY-ST-ZIP	Holly Hill, FL 32117	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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*