


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M99000001470

1. Entity Name
TIBURON SUITES LLC



Principal Place of Business
**5876 W. IRLO BRONSON HIGHWAY
 KISSIMMEE, FL 34746**

Mailing Address
**5876 W. IRLO BRONSON HIGHWAY
 KISSIMMEE, FL 34746**

DO NOT WRITE IN THIS SPACE



03292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 94-3336163	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARACORP INCORPORATED
 236 EAST 6TH AVENUE
 TALLAHASSEE, FL 32303**

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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 _____

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


9. MANAGING MEMBERS/MANAGERS

TITLE MGR	NAME TIBURON CAPITAL LLC
STREET ADDRESS 160 SANSOME ST., 11TH FLOOR	CITY-ST-ZIP SAN FRANCISCO, CA 94104
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

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 04/20/07-80016-006 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:  **Herbert J. Jaffe** **3/29/07** **415/296-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #