2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 20, 2007 8:00 am Secretary of State 03-20-2007 90141 014 ****50.00

DOCUMENT # LUUUUUUU4U92 1. Entity Name TIGER POINT OFFICE PARK, LLC						05 20 2007 901 11 01 1
Principal Plac	e of Busines	35	Mailing Address			
3404 SANTA ROSA DRIVE GULF BREEZE, FL 32563			3404 SANTA ROSA DRIVE Gulf Breeze, Fl 32563			
OCH DICEEL, I'E 32303) I BERNAN AN ARM COM COM COM COM COM ARM ARM AND GIVE BERNANDER IN 1821
Principal Place of Business - No P.O. Box #			3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02022007 Chg-LLC CR2E083 (12/06)
City & State			City & State			4. FEI Number Applied For 59-3643404 Not Applicable
Zip		Country Zip Cox		Cour	ntry	Certificate of Status Desired S. O Additional Fee Required
6. Name and Address of Current		Registered Agent			7. Name and Address of New Registered Agent	
DADDINGALI MICOLE					Name	
BARRINEAU, NICOLE 3404 SANTA ROSA DRIVE GULF BREEZE, FL 32563			Street Add		Street Address	(P.O. Box Number is Not Acceptable)
					City	Zip Code
8. The above	named entit	ty submits this statement (or the numose of changing if	e register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.						
SIGNATURE Signature, hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
(And and a human ratio or inflations after a point and may afficiently after a factor of and indicated and indicat						
Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State						
9.		MANAGING MEMB	ERS/MANAGERS	10.		ADDITIONS/CHANGES
TITLE NAME	MGR	EAU, NICOLE B	☐ Delete	ITTL NAM	1	☐ Change ☐ Addition
STREET ADDRESS	EET ADDRESS 3404 SANTA ROSA DRIVE				EET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32563		cm	r-ST-ZEP		
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NAME STREET ADDRESS				NAM	AE EET ADDRESS	
CITY-ST-ZIP					r-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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.						