2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 04, 2008 8:00 am Secretary of State 03-04-2008 90102 033 ***138.75

DOCUMENT # L0000004092 1. Entity Name TIGER POINT OFFICE PARK, LLC								3102 033	130.	,,,	
Principal Place of Business 3404 SANTA ROSA DRIVE GULF BREEZE, FL 32563 Mailing Address 3404 SANTA ROSA DRIVE GULF BREEZE, FL 32563 GULF BREEZE, FL 3256)12342	Î Fr id Brit êk î	<u> </u>	TTE! IN ITE!	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01142008	Chg-LLC	CR2E08	3 (12/06)			
City & State		City & State			4. FEI Number 59-3643			No	oplied For ot Applicable		
Zip 	Zip Country		Zip	Cour	ntry	<u></u>	of Status Desired	ا با	5.00 Add ee Require		
	6. Name	and Address of Curren	t Registered Agent		Name	7. Name and	Address of New R	egistered A	gent		
BARRINEAU, NICOLE 3404 SANTA ROSA DRIVE							P.O. Box Number is Not Acceptable)				
GULF BRE											
					City			FL	Zip Cod	e	
	named entiti tions of regist		or the purpose of changing	its register	ed office or registe	ered agent, or both	n, in the State of Flo	rida. I am fa	miliar with,	and accept	
SIGNATURE.	Signature, lyped	or printed name of registered agen	t and title if applicable. (NOTE: Registere	ed Agent signature require	d when reinstating)	<u> </u>	DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								T.			
FILE After May	NOW!!! / 1, 2008	FEE IS \$138.75 Fee will be \$538.7	5			}		e check pa i Departme	-	Ð	
FILE After May	NOW!!! / 1, 2008	FEE IS \$138.75 Fee will be \$538.7 MANAGING MEMB		10.				Departme	-	9	
9.	MGR	Fee will be \$538.7		īm	£		Florida 	Departme CHANGES	-	6 ☐ Addition	
After May	MGR BARRINE 3404 SAN	Fee will be \$538.7	ERS/MANAGERS	TITL Nam Str	£		Florida 	Departme CHANGES	nt of State		
9. TITLE NAME STREET ADDRESS	MGR BARRINE 3404 SAN	MANAGING MEMB AU, NICOLE B STA ROSA DRIVE	ERS/MANAGERS	TITL NAM STRI CITY TITL NAM STRI	E AE EET ADDRESS Y-ST-ZIP E		Florida 	Departme CHANGES	nt of State		
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Ingreey certify that the imprimation supplied with this filling does not qualify for the exemptors contained in Chapter 119, Horizal statutes. Floring remove that the 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:
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE