

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000015295

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** TIGERS WAY MANAGEMENT, LC

**Current Principal Place of Business:**

400 SOUTH POINTE DRIVE  
APT 1005  
MIAMI BEACH, NY 331397341 US

**New Principal Place of Business:**

**Current Mailing Address:**

400 SOUTH POINTE DRIVE  
APT 1005  
MIAMI BEACH, NY 331397341 US

**New Mailing Address:**

**FEI Number:** 13-4145330

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROSSINI, CARLOTTA  
400 SOUTH POINTE DRIVE  
APT. 1005  
MIAMI BEACH, FL 331397341 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROSSINI, CARLOTTA  
Address: 400 SOUTH POINTE DRIVE, APT. 1005  
City-St-Zip: MIAMI BEACH, FL 331397341

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CARLOTTA ROSSINI

MGR

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date