

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90426 017 ****50.00

DOCUMENT # L01000001010

1. Entity Name
TABASCO PROPERTIES, L.L.C.



Principal Place of Business
3801 COMMERCE LOOP
ORLANDO, FL 32808

Mailing Address
3801 COMMERCE LOOP
ORLANDO, FL 32808

DO NOT WRITE IN THIS SPACE



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3698707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INFANTINO, THOMAS V
180 S. KNOWLES AVE., STE. 7
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
BENDER, RALPH E
3801 COMMERCE LOOP
ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
STUDSTILL, WILLIAM C
3801 COMMERCE LOOP
ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *William C Studstill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

William C Studstill

Date

1-16-04

Daytime Phone #

407-578-2210