


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2006 8:00 am**  
**Secretary of State**

02-01-2006 90019 022 \*\*\*\*50.00

<b>DOCUMENT # L01000009268</b> 1. Entity Name TIGER HOLDINGS, L.L.C.	
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Principal Place of Business 1776 EAST SUNRISE BOULEVARD P.O. BOX 7990 FORT LAUDERDALE, FL 33338 US	Mailing Address 1776 EAST SUNRISE BOULEVARD P.O. BOX 7990 FORT LAUDERDALE, FL 33338 US
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-1114125	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, DOUGLAS M ESQUIRE  
1776 EAST SUNRISE BOULEVARD  
FORT LAUDERDALE, FL 33304

**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.

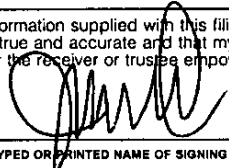
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>PRESIDENT</i> SAWRAN, JAMES C 1776 EAST SUNRISE BOULEVARD, P.O. BOX 7990 FORT LAUDERDALE, FL 33338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <i>VICE PRESIDENT</i> MCINTOSH, DOUGLAS M 1776 EAST SUNRISE BOULEVARD, P.O. BOX 7990 FORT LAUDERDALE, FL 33338
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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:**  James C. Sawran 1/19/06 954-765-1001

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