

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000009969

Entity Name: TICC INVESTMENTS, LLC

FILED
Jul 16, 2008
Secretary of State

Current Principal Place of Business:

2100 CRAYTON ROAD
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

2100 CRAYTON ROAD
NAPLES, FL 34102

New Mailing Address:

FEI Number: 65-0839380 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KALMANS, AMY
2100 CRAYTON RD
NAPLES, FL 34102 US

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: MGRM () Delete
Name: TIDES INN CAPITAL CO, RP.
Address: 2100 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: KALMANS, AMY
Address: 2100 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34102

Title: MGRM () Delete
Name: SID, KALMANS
Address: 2100 CRAYTON ROAD
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AMY KALMANS

MGR

07/16/2008

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