

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90076 029 \*\*\*\*\*55.00

**DOCUMENT # L01000012118**

1. Entity Name

TUSKAWILLA OFFICE PARK, LLC



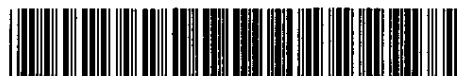
Principal Place of Business

800 WESTWOOD SQUARE, STE. E  
OVIEDO FL 32765

Mailing Address

800 WESTWOOD SQUARE, STE. E  
OVIEDO FL 32765

24061022



2. Principal Place of Business

1100 Town Plaza Ct.

3. Mailing Address

Same as #2

Suite, Apt. #, etc.

2010

Suite, Apt. #, etc.

MOORE

CR2E083 (11/03)

City & State

Winter Springs, FL

City & State

4. FEI Number

59-3737900

Applied For

Not Applicable

Zip

32708

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KAPLAN, JEFFREY L  
655 W. MORSE BLVD., SUITE 212  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete

NAME WINDSWEPT J.D.I. INC.  
STREET ADDRESS 800 WESTWOOD SQUARE, SUITE "E"  
CITY-ST-ZIP OVIEDO FL 32765

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

Mar 4/04 4076991113