2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000013575

TIVOLI WOODS ASSOCIATES, LLC



FILED Apr 14, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

11306 NW 65TH MANOR PARKLAND, FL 33076 US

11306 NW 65TH MANOR PARKLAND, FL 33076 US



04212006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1136391

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SEIDEN, MELVIN B 11306 NW 65TH MANOR

DO NOT WRITE

PARKLAND, FL 33076		IN THIS SPACE	
8. The above the obligation	named entity submits this statement for the purpose of chattons of registered agent.	lunging its registered office or registered agent, or b	oth, in the State of Florida. I am famillar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		. –
TÌTLE	MGRM		
NAME	SABLE ASSOCIATES		
STREET ADDRESS	11306 NW 65TH MANOR		U00000509501
CITY-ST-ZIP	PARKLAND, FL 33076		04/28/06-80042-024 50.00
TITLE	MGRM		
NAME	MORTON, MICHAEL		
STREET ADDRESS	15340 JOG RD STE 200		
CITY-ST-ZIP	DELRAY BEACH, FL 33484	i	
TIFLE		-	
NAME			
STREET ADDRESS		PO	NOT WOITE
CITY-ST-ZIP			NOT WRITE
TITLE		IAI	THIS SPACE
NAME		j iiv	I TIIO OFACE
STREET ADDRESS		<u> </u>	

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.

CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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