

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013096

Entity Name: 2635 TIGERTAIL AVENUE, LLC

FILED  
Aug 22, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 11536 A.P.O.  
GRAND CAYMAN  
CAYMAN ISLANDS, XX

## Current Mailing Address:

P.O. BOX 11536 A.P.O.  
GRAND CAYMAN  
CAYMAN ISLANDS, XX

## New Principal Place of Business:

P.O. BOX 11536 A.P.O.  
GRAND CAYMAN  
CAYMAN ISLANDS, NA CAYMAN XX

## New Mailing Address:

P.O. BOX 11536 A.P.O.  
GRAND CAYMAN  
CAYMAN ISLANDS, NA CAYMAN XX

FEI Number: 98-0375050      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:

JONES, DAVID O  
2635 TIGERTAIL AVE.  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

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: MGR ( ) Delete  
Name: JONES, DAVID O  
Address: P.O. BOX 11536 A.P.O.  
City-St-Zip: GRAND CAYMAN, CAYMAN ISLANDS, OC

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: JONES, DAVID O  
Address: P.O. BOX 11536 A.P.O.  
City-St-Zip: GRAND CAYMAN, CAYMAN ISLANDS, NA CAYMAN OC

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID O JONES

MR

08/22/2006

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