# 2003 LIMITED LIABILITY COMPANY

# FILED Feb 10, 2003 8:00 am Secretary of State

|  | MITONIN BUSI   | MESS KEPUI                                    | TT (UBR)   |  | Secreta  |                                     |                         |
|--|--|---|--|--|--|-------------------------------------|-------------------------|
| is thinky is                                   | UMENT # L0200<br>/ER'S EDGE DAYTONA, LL                          |   |  |  | 01-15-2003 90                                  | 0051 022                            | ****50.00               |
| Drington 15                                    | N  |   |  |  |  |                                     |                         |
|  | Place of Business  | Mailing Address                               |  |  |  |                                     |                         |
| 730 BONNIE BRAE STREET<br>MINTER PARK FL 32789 |  | 730 Bönnie Brae Strei<br>Winter Park FL 32789 |  |  | ~~   | · · · · ·                           | v                       |
| 2. Principa                                    | al Place of Business   | 10.44   | <u> </u>   |  | <br>   | 1 <b>3</b> 7 )(373 <b>3</b> 74) 714 |                         |
|  |  | 3. Malling Address                            | S Walning Address  |  |  |                                     |                         |
| Suite, Apt. #, etc.                            |  | Suite, Apt. #, etc.                           | Suite, Apt. #, etc.  |  | CHECK HERE IF MAKING CHANGES                   |                                     |                         |
| City & State                                   |  | City & State                                  | City & State   |  | 4, FFI Number A R 1 490 Applied For            |                                     |                         |
| Zip  | Country  | Zip   | Country  | 5. Certificat  | e of Status Desired                            | \$5.00                              | Not Applicat Additional |
|  | 6. Name and Address of Curr                                      | rent Registered Agent                         |  |  | d Address of New Register                      | Fee Requ                            | uired                   |
| CAVANAUGH, THOMAS L                            |  |   | Name   | ne negretare Agent   |  |                                     |                         |
| 730 BONNIE BRAE STREET<br>WINTER PARK FL 32789 |  |   | Street Address (F  |  | P.O. Box Number is Not Acceptable)             |                                     |                         |
|  | e named entity submits this statemer ations of registered agent. |   | City   |  |  | Zip C                               | ndo.                    |
|  | Signature, typed or printed name of registered ag                | FILE No<br>Make Check Payab                   | E Ropistered Agent signature rec<br>DWIII FEE IS \$50.0<br>le to Florida Departi<br>e By May 1, 2003 | 00 >   | CATE   |                                     |                         |
|  | MANAGING MEM   | BERS/MANAGERS                                 | 10.  |  | ADDITIONS IN LANDS                             |                                     |                         |
| LE<br>VIE                                      | MGR<br>TLC CONDO MANAGEMENT,                                     | INC.  | TITLE<br>NAME  | · <u> </u>   | ADDITIONS/CHANGE                               | Change                              | Addition                |
| EET ADORESS<br>( - ST-ZIP                      | 730 BONNIE BRAE STREET<br>WINTER PARK FL 32789                   | . •   | STREET ADDRESS CITY-ST-ZIP   |  |  |                                     |                         |
| E<br>Ae  |  | Delete  | TITLE  |  |  | ☐ Change                            | ☐ Addition              |
| EET ADDRESS<br>/-St-zip                        |  |   | NAME<br>STREET ADDRESS   |  |  |                                     |                         |
| E  | _  | Delete  | CITY-ST-ZIP  | -1-  | *  | ^ Change                            | ☐ Addition              |
| ET ADDRESS<br>- ST-ZIP                         |  |   | NAME STREET ADDRESS CITY-ST-ZIP  | The property of the control of the c | general en |                                     |                         |
|  |  | ☐ Oelete                                      | TITLE  |  |  | ☐ Change                            | Addition                |
| et adoress<br>St-zip                           | ·  |   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                                     | receipt                 |
|  |  | ☐ Delete                                      | TITLE -  |  |  | ☐ Change                            | ☐ Addition              |
| ET ADDRESS                                     |  |   | NAME<br>STREET ADDRESS   |  |  |                                     |                         |

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 eath; 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-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: THORE SERVICE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

☐ Change

■ Addition

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE PHILADELPHIA PA 19255 DATE OF THIS NOTICE: 07-16-2002
NUMBER OF THIS NOTICE: CP 575 B
EMPLOYER IDENTIFICATION NUMBER: 45-0481484
FORM: SS-4
0533042223 B

/ ANOGO 162CLU

FOR ASSISTANCE CALL US AT: 1-800-829-1040

RIVERS EDGE DAYTONA LLC CAVANAUGH THOMAS L MEMBER 730 BONNIE BRAE ST WINTER PARK FL 32789

OR WRITE TO THE ADDRESS SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

# WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 45-0481484. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation in your name or EIN, it may cause a delay in processing and incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information shown on your Form SS-4, you must file the following forms(s) by the date we show.

## Form 1065

## 04/15/2003

Your assigned tax classification is based on information obtained from your Form SS-4. It is not a legal determination of your tax classification and is not binding on the IRS. If you want a determination on your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Rev. Proc. 98-01, 1998-1 I.R.B. 7 (or the superceding revenue procedure for the year at issue).

If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

If you have questions about the forms shown or the date they are due, you may call us at 1-800-829-1040 or write to us at the address shown above.

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