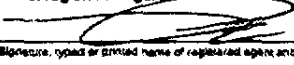
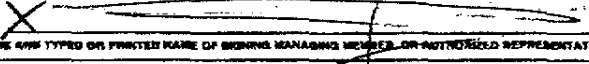


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000016372		
1. Entity Name TIDES, LLC		
Principal Place of Business 3550 SOUTH OCEAN BLVD SOUTH PALM BEACH, FL 33480		Mailing Address PO BOX 2881 PALM BEACH, FL 33480
DO NOT WRITE IN THIS SPACE		
		08202004 No Chg-LLC CR2E003 (10/03)
		4. FEI Number 01-0727642
		Applied For Not Applicable
		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE
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  Pieter Paloka 7/2/04 Signature, typed or printed name of registered agent and (if it applies) (NOTE: Registered Agent signature required when releasing) DATE		
Filing Fee is \$50.00 Due by September 2, 2004		
1100000785237 07/12/04-80005-002 55.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PALOKA, PIETER PO BOX 2881 PALM BEACH, FL 33480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 808, Florida Statutes.		
SIGNATURE: 		7/2/04 Date Daytime Phone