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	Mailing Address
3550 SOUTH OCEAN BLVD SOUTH PALM BEACH, FL 33480	PO BOX 2881 PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

06262004No Chg-LLC CR2E063 (10/03)

4. FEI Number
01-0727642

Applied For
Not Applicable

5. Certificate of Status Desired X $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET
MIAMI BEACH, FL 33139

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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] Pieter Paloka 7/2/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 5, 2004

000000165237
07/12/04-80005-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PALOKA, PJETER
STREET ADDRESS	PO BOX 2881
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X [signature] 7/2/04
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #