

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # L02000018315

1. Entity Name
TIGER INVESTMENTS, L.L.C.



Principal Place of Business
**18931 N.E. 20TH AVENUE
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**18931 N.E. 20TH AVENUE
NORTH MIAMI BEACH, FL 33179**



03112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
16-1630786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STEPHENS, SCOTT
18931 N.E. 20TH AVENUE
NORTH MIAMI BEACH, FL 33179**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STEPHENS, STEVE
STREET ADDRESS	1840 NE 194RD ST
CITY - ST - ZIP	MIAMI, FL 33179
TITLE	MGRM
NAME	GOOD, DAVID
STREET ADDRESS	2004 N 32ND AVE
CITY - ST - ZIP	HOLLYWOOD, FL 33021
TITLE	MGRM
NAME	STEPHENS, SCOTT
STREET ADDRESS	18931 NE 20TH AVE
CITY - ST - ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000860434
04/02/08-80062-004 138.75

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #