

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90055 022 ****55.00

DOCUMENT # L02000020851

1. Entity Name
EBB TIDE TRUST, LLC



Principal Place of Business
**201 WEST CANTON AVE., SUITE B
WINTER PARK, FL 32789**

Mailing Address
**PO BOX 190
WINTER PARK, FL 32790**

20000733



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number
16-1621674

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, SOUTH & MILHAUSEN, P.A.
% J. TODD SOUTH, ESQ.
2699 LEE ROAD, SUITE 120
WINTER PARK, FL 32789**

Name **MICHAEL O'SHAUGNESSY**

Street Address (P.O. Box Number is Not Acceptable)

201 West Canton Ave suite B

City **Winter Park** FL Zip Code **32789**

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

Filing Fee Is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRP** ☐ Delete
NAME **O'SHAUGNESSY, MICHAEL**
STREET ADDRESS **201 WEST CANTON AVE., SUITE B**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LINDQUIST, BRETT**
STREET ADDRESS **260 HORNBEAM DR.**
CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

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

Date Daytime Phone #