


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # L02000020851 1. Entity Name EBB TIDE TRUST, LLC	
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Principal Place of Business 201 WEST CANTON AVE., SUITE B WINTER PARK, FL 32789	Mailing Address PO BOX 190 WINTER PARK, FL 32790
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DO NOT WRITE IN THIS SPACE



01042007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 16-1621674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'SHAUGNESSY, MICHAEL
201 WEST CANTON AVE
SUITE B
WINTER PARK, FL 32789

**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 reissuing) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

1100000585438
01/16/07-80013-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP O'SHAUGNESSY, MICHAEL 201 WEST CANTON AVE., SUITE B WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LINDQUIST, BRETT 260 HORNBEAM DR. LONGWOOD, FL 32779
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**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:  1-7-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #