


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90021 009 \*\*\*\*50.00

<b>DOCUMENT # L02000023704</b>																													
<b>1. Entity Name</b> TC RIGGI DEVELOPMENT, LLC																													
<b>Principal Place of Business</b> 126 SOUTH SHORE DR., #20 DESTIN, FL 32550			<b>Mailing Address</b> 126 SOUTH SHORE DR., #20 DESTIN, FL 32550																										
<b>2. Principal Place of Business</b> 12671 US Hwy 98		<b>3. Mailing Address</b> Same as #2																											
Suite, Apt. #, etc. 217-3		Suite, Apt. #, etc.		04032005    Chg-LLC    CR2E083 (10/03)																									
City & State Destin, FL.		City & State		<b>4. FEI Number</b> 82-0582855																									
Zip 32541		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b>  MARK A. VIOLETTE, P.A. 34990 EMARLD COAST PKWY STH FL SUITE 403 DESTIN, FL 32541			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code																										
<b>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.</b>																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____																													
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>																										
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																										
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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:** Gerald R. Tommasone MGRM    4-4-05    850-269-1705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #