

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90050 040 ****50.00

DOCUMENT # L02000027465

1. Entity Name
TINO'S COLLEGE FUND, LLC



Principal Place of Business

**205 WEST M.L.K. JR BLVD.
SUITE 202
TAMPA, FL 33603**

Mailing Address

**205 WEST M.L.K. JR BLVD.
SUITE 202
TAMPA, FL 33603**



01112004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, CHRISTOPHER H
315 S. HYDE PARK AVE.
TAMPA, FL 33606**

**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 _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	FERNANDEZ, CELESTINO F
STREET ADDRESS	205 WEST M.L.K. JR BLVD., SUITE 202
CITY-ST-ZIP	TAMPA, FL 33603

TITLE	
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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 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: _____

C. F. Fernandez

C. F. Fernandez

1/30/04 (813) 231-0400

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

Date

Daytime Phone #