

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030491

**FILED**  
**Apr 19, 2006**  
**Secretary of State**

**Entity Name:** TICO REAL ESTATE SERVICES, LLC

**Current Principal Place of Business:**

OFFICE  
850 EAST COMMERCIAL BLVD  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

C/O KRAMER WEISMAN ASSOC. 12515 ORANGE DR  
814  
DAVIE, FL 33330

**Current Mailing Address:**

OFFICE  
PO BOX 23758  
FT LAUDERDALE, FL 33307

**New Mailing Address:**

C/O KRAMER WEISMAN ASSOC.  
814  
DAVIE, FL 33330

**FEI Number:** 22-3889064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLEY, PATRICK G  
850 E COMMERCIAL BLVD  
OAKLAND PARK, FL 33334 US

**Name and Address of New Registered Agent:**

TOTH, ANDREUS J  
12515 ORANGE DR  
814  
DAVIE, FL 33330 US

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.

SIGNATURE: ANDREUS J. TOTH

04/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: INMAN, MARC T  
Address: 850 E COMMERCIAL BLVD  
City-St-Zip: OAKLAND PARK, FL 33334

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: INMAN, MARC T  
Address: 12515 ORANGE DR SUITE 814  
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARC T. INMAN

MGRM

04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date