


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90066 045 ****50.00

DOCUMENT # L03000000909					
1. Entity Name TIOGA TOWN CENTER, LLC					
Principal Place of Business 13151 NEWBERRY ROAD TIOGA, FL 32669			Mailing Address PO BOX 13453 GAINESVILLE, FL 32604		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03162007 Chg-LLC CR2E083 (12/06)	
Zip Country		Zip Country		4. FEI Number 71-1007901 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DIAZ, MICHAEL J 13151 NEWBERRY ROAD TIOGA, FL 32669			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE CD	NAME DIAZ, MIGUEL	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 105 SW 128TH STREET	TIOGA, FL 32669		STREET ADDRESS		
CITY-ST-ZIP TIOGA, FL 32669			CITY-ST-ZIP		
TITLE D	NAME DIAZ, LUIS	<input type="checkbox"/> Delete	TITLE D	NAME DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 105 SW 128TH STREET	TIOGA, FL 32669		STREET ADDRESS		
CITY-ST-ZIP TIOGA, FL 32669			CITY-ST-ZIP		
TITLE V	NAME CANNELLA, LUISA	<input type="checkbox"/> Delete	TITLE D	NAME CANNELLA, LUISA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 105 SW 128TH STREET	TIOGA, FL 32669		STREET ADDRESS		
CITY-ST-ZIP TIOGA, FL 32669			CITY-ST-ZIP		
TITLE ST	NAME DIAZ, ANNELIESE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13151 NEWBERRY RD	TIOGA, FL 32669		STREET ADDRESS		
CITY-ST-ZIP TIOGA, FL 32669			CITY-ST-ZIP		
TITLE V	NAME FERRERO, HORST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 105 SW 128TH STREET	TIOGA, FL 32669		STREET ADDRESS		
CITY-ST-ZIP TIOGA, FL 32669			CITY-ST-ZIP		
TITLE D	NAME LEVY, GILBERT	<input type="checkbox"/> Delete	TITLE MD	NAME PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 105 SW 128TH STREET	TIOGA, FL 32669		STREET ADDRESS		
CITY-ST-ZIP TIOGA, FL 32669			CITY-ST-ZIP		
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: _____			Date: 3-19-2007		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					