## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

THE ODIGATIONS OF registered agent.    CD	DOCUMENT # L0300000909  1. Entity Name TIOGA TOWN CENTER, LLC							04-30-2007	90066 (	045 ****51	0.00	
2. Principal Place of Business - No P.O. Box #   3. Mailing Address						-						
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Surie, ApI, #, etc.	2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
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Zip Country   Zip   Country   S. Certificate of Status Desired   \$5.00 Additional   Fee Required   \$5.00 Additional   Fee Required   \$5.00 Additional   Fee Required   \$5.00 Additional   Fee Required   \$6.00 Additional   Fee Required   \$6.00 Additional   \$6	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03162007	Chg-LLC	CR2E	E083 (12/06)			
Size   Address   Country   So   Country   So   Country   So   Country   So   Confidence   Size   S	City & State	e	City & State				4. FEI Numb	TI-100	790			
Some and Address of Current Registered Agent   1. Name and Address of New Registered Agent   1. Name   1	Zip	— Country Zip Cou			ry					\$5:00 Ad	ditional	
DIAZ, MICHAEL J 13151 NEWBERRY ROAD TIOGA, FL 32669  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  6. 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  Segment types or printer range of registered agent.  Make check payable to Florida Department of State  Filling Fee is \$5.0.00  Diaz Managing MeMBERS / MANAGERS  TITLE  DIAZ, MIGUEL  OLIAN GUILLE  TITLE  DIAZ, MIGUEL  OLIAN GUILLE  O		6. Name and Address of Current	Registered Agent				7. Name and	Address of New	Registered			
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  Signature, lipsed or periad name of registered agent and six if applicable. (NOTE: Registered Agent sgnature required when rentating)  P. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE  CD MANAGING MEMBERS/MANAGERS  11. ADDITIONS/CHANGES  OITY-ST-2P  TIGGA, FL 32669  TITLE  V CANNELLA  MAKE  105 SW 128TH STREET  TIGGA, FL 32669  TITLE  V CANNELLA  MAKE  105 SW 128TH STREET  TIGGA, FL 32669  TITLE  V CANNELLA  MAKE  STREET ADDRESS  CITY-ST-2P  TIGGA, FL 32669  TITLE  V CANNELLA  MAKE  STREET ADDRESS  CITY-ST-2P  TIGGA, FL 32669  TITLE  DIAZ, MISUELS  STREET ADDRESS  CITY-ST-2P  TIGGA, FL 32669  TITLE  DIAZ, MISUELS  STREET ADDRESS  CITY-ST-2P  TIGGA, FL 32669  TITLE  ST DEGRE ADDRESS  CITY-ST-2P  TIGGA, FL 32669  TITLE  ST DEGRE ADDRESS  CITY-ST-2P  TIGGA, FL 32669  TITLE  ST DEGRE ADDRESS  CITY-ST-2P  TIGGA, FL 32669  TITLE  STREET ADDRESS  TITLE  ST DEGRE ADDRESS  STREET	DIAZ MICHAEL I					Name						
B. The above named entity submits this statement for the purpose of changing its registered eigent, 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 till if applicable. (NOTE Registered Agent signature required when reretating)   OATE	13151 NE\	WBERRY ROAD			Street A	\ddress (F	(P.O. Box Number is Not Acceptable)					
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THE ODIAZ, LUIS  DIAZ, LUIS  TILE  DIAZ, LUIS  DIAZ, LUIS  TILE  T					City				F	Zip Coc	e	
Filling Fee is \$50.00 Due by May 1, 2007  MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  TITLE CD MAKE DIAZ, MIGUEL 105 SW 128TH STREET CITY-S1-2P TIOGA, FL 32669  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-S1-2P TIOGA, FL 32669  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-S1-2P TIOGA, FL 32669  TITLE NAME STREET ADDRESS STREET ADR	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. Lam familiar with, and accept											
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11. I hereby certify that the information supplied with this filing does not quality 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.												
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SIGNATURE: 3-19-2007												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #												