

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90278 005 ****50.00

DOCUMENT # L03000001140

1. Entity Name
TALLAHASSEE DRIVE, LLC



Principal Place of Business
5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407

Mailing Address
5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407

20007896



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
27-0041771

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEELDE, ROBERT
5201 VILLAGE BLVD.
WEST PALM BEACH, FL 33407

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME NEEDLE, DAVID
STREET ADDRESS 5201 VILLAGE BLVD.
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE MGRM
NAME NEEDLE, ROBERT
STREET ADDRESS 5201 VILLAGE BLVD.
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE MGRM
NAME WAVVICK, ROGER
STREET ADDRESS 5201 VILLAGE BLVD
CITY-ST-ZIP WEST PALM BEACH, FL 33407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

1/10/05

Date

561-687-1901

Daytime Phone #